ter death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages I and Z shauld be filled with the State Board of Health prior to burial, cremation, or removal, and in any event within 22 haurs after depth. 0513 DR. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL

VR A15 (4) 15M 9/59

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BOON.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

Ī	1. PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY WASHINGTON
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION WASHINGTON COUNTY HOSPITAL	MT.LENA - RURAL d. STREET ADDRESS ON A FARM? YES NO
3	3. NAME OF DECEASED (Type or print) BESSE ALBERTA	ARNOLD 4. DATE Month Day Year OF DEATH SEPTEM BISIS 26 19 60
0	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthday) A PRIL - 27 - 1883 77 yrs. IFUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
1	100. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) HOUSE WIFE 3. FATHER'S NAME	11. BIRTHPLACE (State of foreign country) MARTIALS BURG W. VA. 14. MOTHER'S MAIDEN NAME
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (17 sa. no. or jinkoown) [16 yea, give wer or dates of service)	NFORMANT BAKER Address
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY:	RS. PEARL SWOPE POONS 130RO NO. R.Z. Deart Napro with Fibril Tonser and Dearth
	Conditions, if ony, which gove rise to immediate couse (a), stoting the under-lying couse lost.	ailure
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU Caut Language Appendix Contributions - Appendix	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO YES NO YES NO
		ED. (Enter nature of injury in Part I or Part II) of item 18.)
		ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) street, office bldg., etc.)
		death occurred at 230 M, from the causes and an the date stated above.
	22a. SIGNATURE J. Leus by 22c. PHYSICIAN'S F. F. L. U.S. by	M.D. ATTENDING MED. DIRECTOR STAFF DIRECTOR DIRE
1	230. BURIAL, CREMATION, 236. DATE THEREOF 23C. NAME OF CEMETERY CONTROL SPECIFY SEPT. 30.1960 MT.LENA CE	OR CREMATORY 23d. LOCATION (City, town, or caunty) (State) METIERY MTILENA WASH, CO. M.D.
1	The D. BOWN BOONS BOIRS	MD, DATE OCT 3 160 25b. REGISTRAR'S SIGNATURE

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fter death. Page 4

CERTIFICATE OF DEATH

Company, Middletown, Md.

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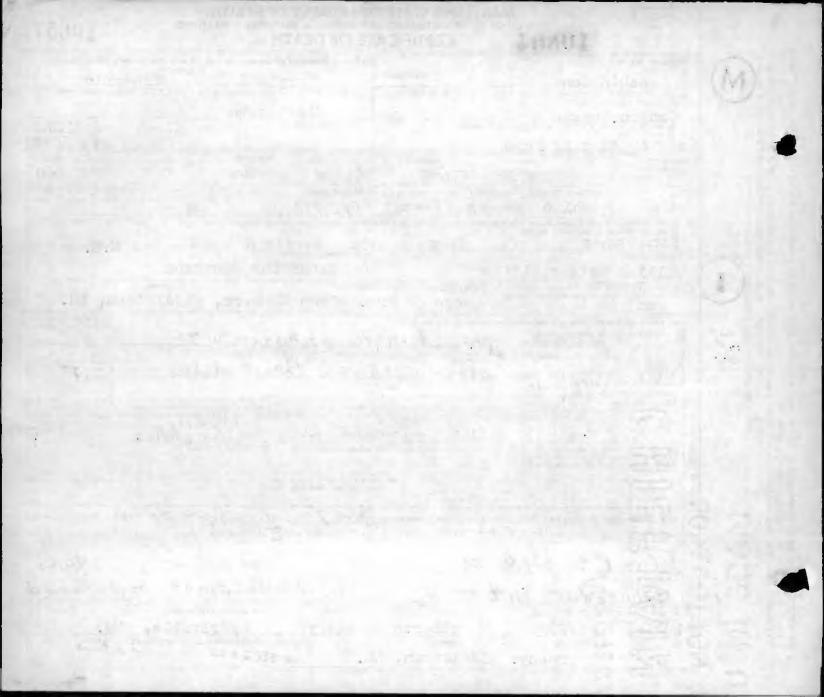
	TOOR	<u> </u>	CERTITIO	9711	OI DEATH				
1. PLACE OF DEATH		**		2	USUAL RESIDENCE (esidence before ad	mission)
o. COUNTY Washi	ngton		MARYLA	ND	o. STATE	Jand	b. COUNTY	ederick	V
	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN	If autside carparate li			lown)
Conocoo	heague ITAL (If not in hospitol, g		1 8 w	55		letown		-	
OK INSTITUTION		ive street	oddress)		d. STREET ADDRESS		10	- 7 OI	RESIDENCE N A FARM?
, NAME OF	Fir		Middle	لل	Losi	4. DATE	Month	Day	Yeor
(Type or print)		vid	Floyd	В	ittle	OF DEATH	9	24	160
i. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	☐ B. I	DATE OF BIRTH	9. AC		INDER 1 YEAR IF U	
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Tarm ow	mer		farm		Mary			U.S.	
3. FATHER'S NAME	11. 1 D.	4.41.41			14. MOTHER'S MAIDEN		b-		
William	Metzer Bi	TTT	9			ine Rout	zam		
S. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO			Address		
no	(it yes, give was as a acids of a	er vice;	none	Mrs.	. Simon S	ummers,	Middlet	town, Mo	i.
18. CAUSE OF DE	ATH [Enter only one co	use per li	ne for (o), (b), and (c).]				1		L BETWEEN
PART I, DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	1 0	2/11/01/2	ant	enosch	win w	14h	Onse, A	No Dean
420	DUE TO	7							
Conditions, if	ony, which)		a touis	a.	- Va- 6	east di	0010	27	~
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lying couse lost	The Under-								
			CONTRIBUTING TO DEAT	BUT NO	OT RELATED TO THE TER	MINAL DISEASE CON	IDITION GIVEN II	N PART 1(o) 19. W	AS AUTOPS
2	0. to - 0 1	11.01	ilet win	dan -	- 8 6000	ca 5/41	tial,		REFORMED?
20n ACCIDENT W	AS UNDERLYING	20h DES	CRIBE HOW INJURY OCC	B		1 140	insight 1B.)	4	
OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER)	200. 043	CAIGE FOR HANDAY OCC		and notice of injery				
20c. TIME OF INJU					OF INJURY (Home, for		wn)	(County)	(State
Hour o.m.	10	White of wor		TOCIO	y, street, office olog.,	erc.)			
) atten	ded the deceased fr	am H	E 7	1910 , 10 Sel	x 24	1960 , that (l) (we) lo
saw the deced	ased alive an Se	1 4 2	3 1960 , and th	nat dec	th accurred at	M, fram the	causes and a	n the date sta	ted abav
220_SIGNATURE	n. 0	sil			ATTENDING _		AFF		226. DATE
Luan	KW. W/	No	111	M.1	D. PHYS.	DIRECTOR PH	YS.	97	25/60
22c. PHYSICIAN'S NAME (Type)	72d W. 7	Ditto	III, HO		217 W. C	vashnistor	nst h	tagers tow	שמנח
30. BURIAL, CREMATI	ON, 23b. DATE THEREC	F	23c, NAME OF CEMET	RY OR C	REMATORY	23d. LOCATION	(City, town, or co-	unty)	(State)
hurial	9/27/60)	Lutheran	Cer	meterv	Mvers	offive	Md.	
4. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS			EC'D BY REGISTRAR	25h. REGISTRA	R'S SIGNATURE	
Gladhi	11 Company	r M	iddletown.	Md	DATE	SEP 2 8 '60	anth	un d. Flrance	
uraull.	TT OILD OIL	9 7.7	Turne or Mile	1111	DAIL	Carrier -			

may be rethined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample filled in by the funeral director. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha Then please remove carban papers. Poges 1 page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the State Board of Health prior to burial, cremation, ar removal, and in any eve<u>pt, withig</u> 72 hours after death.

TO HOSPITA VR A1S (4) 1SM E/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10747 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CIDE-OR TOWN, (If outside corporate limits, write RURAL and give nearest town) and give nearest town) OF HOSPITAL OR INSTITUTION (If not in hospital, give street address d. STREET ADDRESS Middle DATE DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH WIDOWED N DIVORCED T 14. MOTHER'S MAIDEN NAME

e. IS RESIDENCE ON A FARM? YES NO DE NAME OF Day Yeor DECEASED (Type or print) 1960 5. SEX 9. AGE fin years IF UNDER TYPAR IF UNDER 24 HRS. Months 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) UNKHOUS IN U. S. ARMED FORCES? 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES AT NO T 20g. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b. DESCRIBE HOW INJORY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Hame, form, Month, Day, Year 20f. (City or town), (County) (State) factasy, street, office bldg., etc.) Not while of work of work 21. I certify that I took charge of the remains described above, held an Autopsy 7. Inspection . Inquiry and find that death resulted from: Natural causes Accident . Suicide . Homicide ... Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Rose Hill Cemetery Maryland Buria! Hagerstown 23 FUNERAL DIRECTOR'S SIGNATURE
Suter - Rouzer Funeral **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Hagerstown, Md. Franklin DATESEP 2 3 'GO

Reg. Dist. No

b. COUNTY

burial, podes ages 10 Page permit. a burial-transit guolo 50 cute the care, write forwarded to the Chief or FUNERAL DIRECTOR: 0

VS. A15ME(5) 5M 9/55

HIARDED STARMINED STREET, DANIEL OF DEATH AND A DESCRIPTION OF THE RESERVE OF THE PERSON OF THE PERS The state of the second second

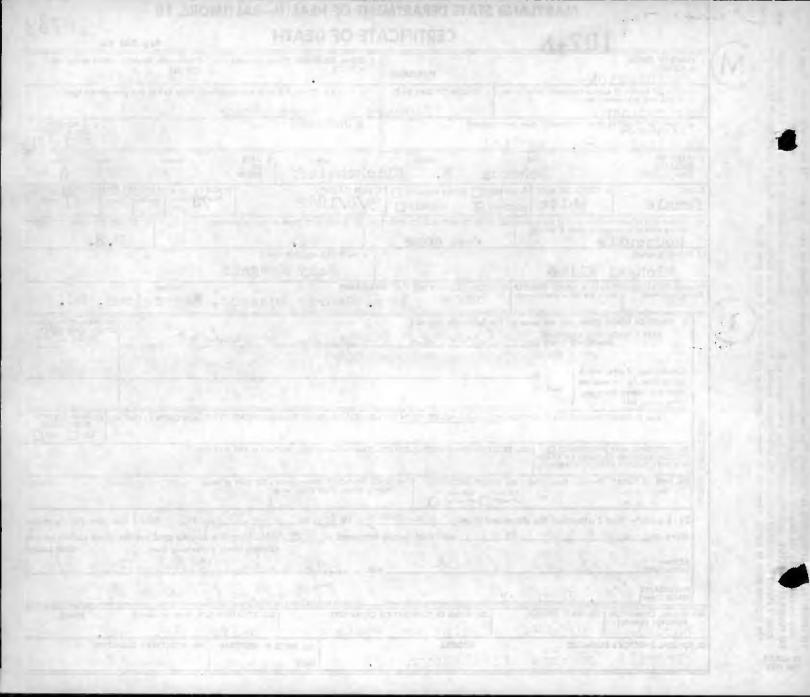
by the hospital ar attending physicion.

LARECTOR: After this certificate has been signed by the ottending physician and campletely filled in the funeral director, ould be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages I and 2 should be filed with a prior to burial, crematian, or removal, and in any event within 72 haurs ofter death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

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V	'S	A15	14	

	11/140		CERTIT	CATE OF DEA	111		Reg. Dist. N	lo.	
1. PLACE OF DEATH o. COUNTY Washing	ton		MARYLA	2. USUAL RESIDENCE D. STATE Md .	Where deceased liv	b. COUNTY	Residence be shingt		on)
b. CITY OR TOWN (If RURAL and give ne	arest town)	ts, write c. LE	ENGTH OF STAY IN	1 1		limits, write RUI	RAL and give n	negresi town)	
d. NAME OF HOSPITA OR INSTITUTION Washington	L (If not in hospital, g	niteloddre		d. STREET ADDRESS	erstown			e. IS RESII ON A	
3. NAME OF DECEASED (Type or print)	Fir	becca	Middle M. I	Blickenstafí	4. DATE OF DEATH	Month 9	2	E	9 60
s. sex female	6. COLOR OR RACE white	7. MARRIED WIDOWED	DIVORCED	- 1 0 /0 /3 0 0 h	9. /		Months Days		Min.
housewi:	ng life, even if retired))	of Business or i	NDUSTRY 11. BIRTHPLACE (ST		71)		OF WHAT	COUNTRY
13. FATHER'S NAME Michael	l Kline			14. MOTHER'S MAIDE	NAME Maugans				
15. WAS DECEASED EVER	IN U. S. ARMED FOR I yes, give wor or dates of a			Mrs. George	Bussard	, Hage:		, Md.	à
Conditions, if on	DUE 10								
gave rise to in cause (a), stating t lying cause last.	mediate (
Couse (a), stating the lying couse last. PART II. OTH	mediate DUE 10 the under: { CER SIGNIFICANT CON)ONTE		BUT NOT RELATED TO THE TE			N IN PART 1(0)	PERFOR	UTOPSY MED? NO
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Couse (o), storing r lying couse lost. PART II. OTH 20a. ACCIDENT WA: OR CONTRIBUTING (IF EITHER, NOTIFY II. D. m. 21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	mediate bus to he under. Dus to fee significant con cause of Death AEDICAL EXAMINER) Month, Day, Year 19 at 1 attended the standard con cause of Death AEDICAL EXAMINER) To 1 attended the cause of Death AEDICAL EXAMINER) To 2 attended the cause of Death AEDICAL EXAMINER) To 2 attended the cause of Death AEDICAL EXAMINER) To 3 attended the cause of Death AEDICAL EXAMINER (Death AEDICAL EXAMINER) To 3 attended the cause of Death AEDICAL EXAMINER (Death AEDICAL EXAMINER) To 3 attended the cause of Death AEDICAL EXAMINER (Death AEDICAL EXAMINER) To 4 attended the cause of Death AEDICAL EXAMINER (Death AEDICAL EXAMINER	DITIONS CONTE	HOW INJURY OCCU	PLACE OF INJURY (Home, foctory, street, office bldg., 19 Lp., ta., ath occurred at 20 M.D. 302	in Part I or Port II of arm. 20f. (City or etc.) A.M. fram the ADDRESS (Street) 22d. LOCATION	town)	(County)	PERFOR YES	(Stote)



VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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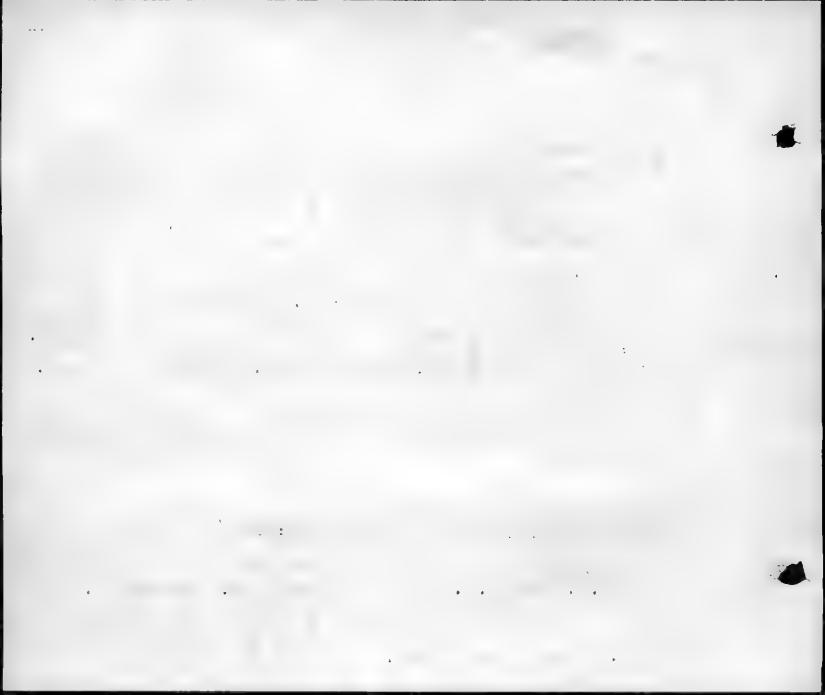
1	1. PLACE OF DEATH					2. USUAL RESIDENCE	(Where deceases	d lived. If institut	ion: Residenc	e before	admissio	in)
A	o. COUNTY	Washin	rtom	MAR	YLAND	a. STATE	íd.	6. COUNTY	W	ash.		
)	b. CITY OR TOWN (RURAL ond give n	If outside corporate limit	s, write	c. LENGTH OF STAY	(IN 16	c. CITY OR TOWN	(If outside corpo	rate limits, write l	RURAL and g	ive neare	st town)	
	Tilehma			18 weeks		Y Tileh	manton	rua	1			
	d, NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ve street ac	ddress)		d. STREET ADDRES		1 000			IS RESID ON A F YES	FARM?
	3. NAME OF DECEASED	Fire	t	Middle	,	Last	4. DATE	Мог	nth	Day	Ye	ear
	(Type or print)	Namn	ie	Mav	B1	•ver	OF DEATH	9		11	19	9 60
	5. SEX	6. COLOR OR RACE	7- MARRIE	D NEVER MARK	ED B.	DATE OF BIRTH		9. AGE (In years lost birthday)				
	female	white	WIDOWED	DIVORCE	9	-23-1882		77 yrs.	Months	Days	Hours	Min.
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	house	king life, even if retired)		home		Clearer	ring. Mo	١.		USA		
	13. FATHER'S NAME	1144		at out	T	14. MOTHER'S MAID				ADG		
	Ade	m Dann				Dane	A same More	D. 200 est				
/	1S. WAS DECEASED EVE	REPP	CES? 16. SC	OCIAL SECURITY NO), 17, INFO	DRMANT	Ann My	Add	Iress			
	(Yes, no, or unknown)	(If yes, give war or dates of se	rvice) 7/	.1 -1								
	NO CAUSE OF DE	AVIA (E	b~ /		Mrs.	Russell C	arbaugh	Been	sbore,		R	
		ATH [Enter only one con ATH WAS CAUSED BY:	ase per line	101 (a), (b), and (c)	1 /					ONSET	AND D	EATH
	F 01 1	IMMEDIATE CAUSE (0)		ninhozi	1	rver			_	1	rec	un
	581.	O DUE TO	1	1	5		1 1			/		
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	cause (a), stating									/		
4	lying couse last.) (c)								/		
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J	3									1	ES 🗌	
	200. ACCIDENT W/OR CONTRIBUTING	AS UNDERLYING I	20b. DESCR	RIBE HOW INJURY C	OCCURRED.	(Enter noture of injury	y in Port I ar Part	Il of item 18.)				
		MEDICAL EXAMINER)										
		RY Month, Doy, Yea	r 20d. INJ	TURY OCCURRED	20e. PLAC	E OF INJURY IHome,	form, 20f. (City	ar town)	(C	ounty)		(Stote)
	Hour o.m.	19	While at wark	Nat while	foctor	ry, street, office bldg.	, etc.)					
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		ot (I) (this haspital	affende	- /		/	A = 4	/ -	196			
	saw the decea: 22a. SIGNATURE	sed alive an	10	160 / and	May dec	ath accurred at	M, fram	the causes ar	nd an the	date s		
	22d. SIONATURE	1911/1	1	-		ATTENDING _	MED.	STAFF			9/	DATE
	22c. PHYSICIAN'S	1.cope	ww		M.	D. PHYS. 22d ADDRESS	DIRECTOR L	PHYS.			113	610
	NAME (Type)	TIDE [1]	77.5	0-		ADJACSS	X	10.1				-
13		MITMU	1//	10 /		MAN	10000	ny				
1	23a. BURIAL, CREMATIC REMOVAL (Specify)		F	23c. MAME OF CEN	ETERY OR	CREMATORY	23d. LOCAT	TION (City, fown,	or county)		(Stote)	
1	burial	9-14-60		St. Pau	ls		Clea	arspring			Md.	
N	24 FUNERAL DIRECTOR			ADDRESS		2So.	REC'D BY REGIST	RAR 256, REG	STRAR'S SIG			
	Fred W. Kr	raiss Hag	erste	wm. Md.		DATE	SEP 15 '6		//www.j _d_,			

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Poge 4	Λ)[1. P	LACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived If institution Residence before a	dmission)
I. Poge I director	ノ	0	Washington	MARYLAND	Maryland Washington	
death.		Ь	. CITY OR TOWN (If outside corporate limits, write c. LENGTH C	F STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares	town)
dec d b	- 1		RURAL ond give negrest town) Hagerstown 3	Days	Hagerstown R # 1	
hould hould	8	d	NAME OF HOSPITAL (If not in hospital, give street oddress)	2036	d STREET ADDRESS e. I	S RESIDENCE
2 2 E			OR INSTITUTION			ON A FARM?
and and	-	-	Mash County Hospital	<u> </u>		
uthin 24 h ely filled i Pages 1 a death.		0	IAME OF ECCEASED (Spee or print) MELVIN CHARLE	Middle BC	OHN Lost OF September 20	1960
라는 다른		S S	EX 6. COLOR OR RACE 7 MARRIED NEVER	MARRIED B	B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF Igst birthday) Months Days H	1
<u>ĕ</u> . ë)	Male White WIDOWED D	IVORCED 🔲	July 22 1899 61 yrs. Months Days H	aurs Min,
uted unpl		10a	USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUS	NESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country) Md 12 CITIZEN OF W	HAT COUNTRY?
y d cc		01	during most of working life, even if retired wher-Operator Auto Salvage	Ī	near Union Bridge Carroll Co USA	
and ban 72	ŀ		ATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Pi			Charles J. Bohn		Ursula Grossnickle	
rhifted physic smove int, with	- 1	16 1	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECUI	HTV NO. 117 IM	NFORMANT Address	
			na, or unknown) (If yes, give wor or dates of service)	37	64	
h ce se d			No 213-10-	6812MI	s Nina B. Bohn Hagerstown R # 1	
that the death or by the attending t. Then please nail, and in the		- 1	18 CAUSE OF DEATH [Enter only one cause per line for (o), (b),	and (c)]	Mt Aetna Interv	AL BETWEEN
d to Life		- 1	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Ure:	mia.	21	nonths.
‡ ## B	-	-1	DUE TO			
후 호트를			Conditions, if any, which) (b) Carcin	oma of U	Urinary Bladder. 5	years.
res er a			gove rise to immediate			
Sign T			tuise (o), starting the under-			
Cignon Cigno Cigno Cigno Cigno		z		TO DEATH BUT I	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19	WAS AUTOPSY
o hysi		CATION	THE OTHER PROPERTY CONTROL CON	10.027111		ERFORMED?
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ficate the bull of cre		CERTI	206 ACCIDENT WAS UNDERLYING	DURY OCCURRED	ED. (Enter nature of injury in Part I or Port II of item 18.)	
r at cert cert burn	- 1		20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCUR Haur o m. While Not while	fact	ACE OF INJURY (Home, form, 20f (City or town) (County)	(State)
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o de la principa de l			21 1 certify that (I) (this haspital) attended the dec	and from	3/13/56 19 14 9/20/60 19 that	(I) from V feet
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a de la companya de l			saw the deceased alive an 7/20/00 19	, and that de	death accurred at 12 2 14 14 16 om the causes and an the date st	22b. DATE
DIRECTOS Jid be dete and of Hec	a l		A solution		M.D. PHYS DIRECTOR PHYS	SIGNED
0 P	- [1		22c PHYSICIAN'S	^	M.D. PHYS DIRECTOR PHYS 22d ADDRESS	
	'		NAME (Type) 5. G. Warden, M. D.		832 Potomac Ave., Hagerstown, Md.	
2000円の円		23a	BURIAL, CREMATION, 23b DATE THEREOF 23c NAME	OF CEMFTERY OF	OR CREMATORY near LOCATION (City, fawn, or county)	(State)
may by Poge the Str	B	R	REMOVAL (Specify)		Cemetery Union Bridge Carroll	Co Md
5 _€ 5 _{g ±}	, ,	_	FUNERAL DIRECTOR'S SIGNATURE ADDRES		AS ASSESSED BY REQUESTRADE ON BECASTRADIC SIGNIATION	OD MO
VR A15 (4)	1.		ndrew K. Coffman Hagerstov		DATE SEP 26 60 Cultur S. Trans	
15M 9/59		-50 40		TIME .	DAIL	



may be retored by the hospital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fipage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shout the State Board of Health prior Ia burial, cremation, or remayal, and in any event, within 72 hours after death

ATTENDING PHYSICIAN: The law requires that the death certificate be

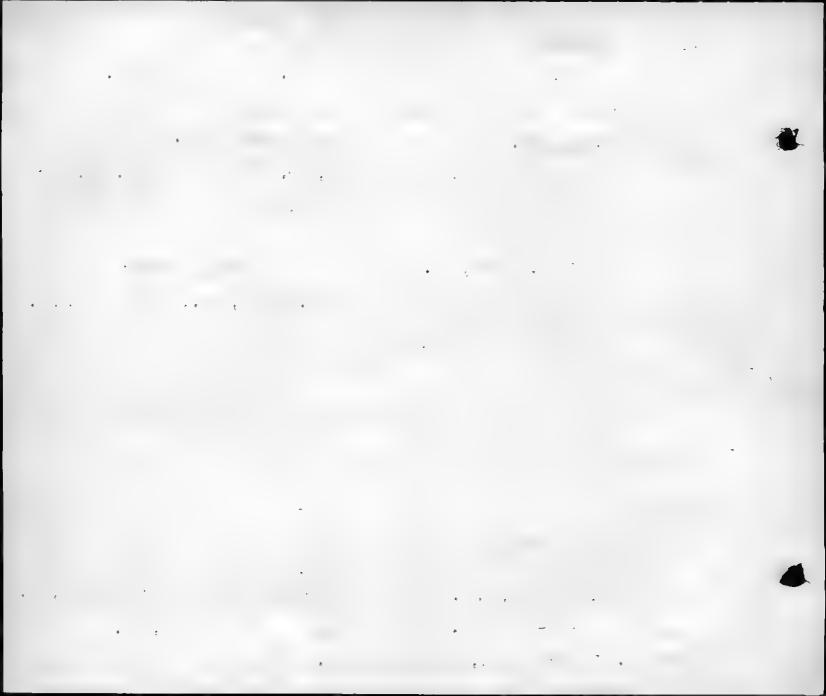
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

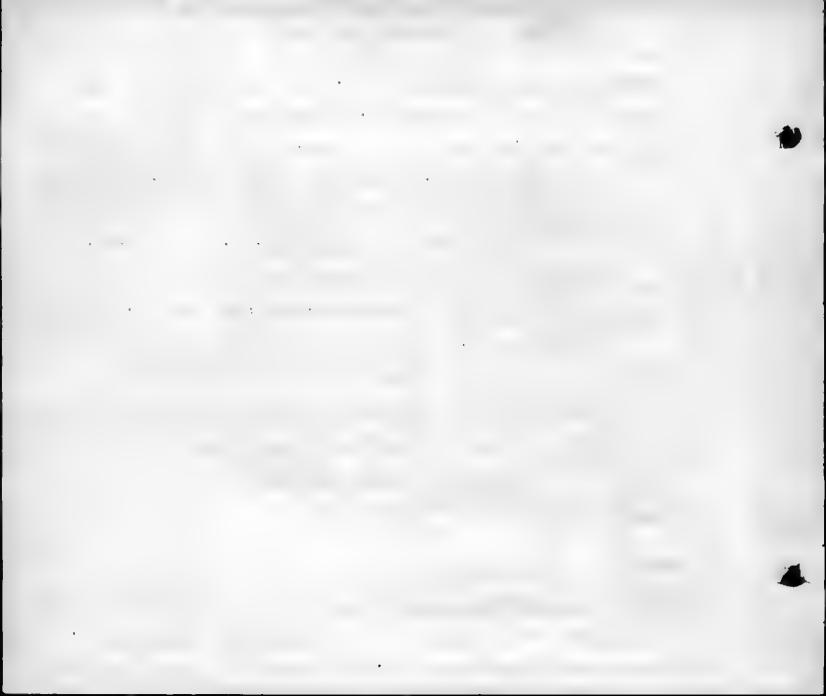
CENTIFICATE OF DEATH

		10000		CEKTIFI	CATE	OF DEA	AIII				
1	PLACE OF DEATH	Vashingtor	J	MARYL			CE (Where dec		institution Residence DUNTY Wash		ssian)
	B. CITY OR TOWN (RURAL and give n Hagerst	If autside carparate limi earest tawn) COWN	ts, write c. I	15 years		27	vn (If outside c	,	write RURAL and g	give nearest tav	vn)
	A MAME OF HOSPI	TAL (If not in hospital, g nerman Ave	ive street addre	BS\$)	1	d. STREET ADDI	Sherm	an Ave	·	ON	A FARM?
3.	NAME OF DECEASED (Type or print)	Melvin	st	raham	Bu	tts, J	1 4. DA	TE ATH	Month Sept.	, 24,	Year 19 60
5.	male	6. COLOR OR RACE White	7. MARRIED [NEVER MARRIES	- Indi	ate of Birth	, 1945	9. AGE (In last birt		Doys Hours	-y
10	during most of wor	ON (Give kind of work king life, even if retired	dane 10b. KIND	OF BUSINESS OR	₹ INDUSTRY	11. BIRTHPLACE	(State or fore)	gn country)	12.0171	ZEN OF WHAT	COUNTRY?
73	, FATHER'S NAME	Melvin A.	Butts	, Sr.	14	, MOTHER'S MA	IDEN NAME	Betty	Semler		
		R IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	one	17 INFOR		Butts	, Sr.	Address Hagers	stown,	Md.
-		ATH Enter only one co	use per line fo	r (o), (b), and (c),]					_:	INTERVAL	
1		ATH WAS CAUSED BY		0.		./		0	m. Ster	ONSET AN	D DEATH
	Conditions, if a	immediate		Libia.	¥	Lunc	or of		24 312		Yor-
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		AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBI	E HOW INJURY OF	CURRED (E	ater nature of in	jury in Part I a	Part II of item	18.)		
MEDICAL	20c TIME OF INJU Havr a.m. p.m.	RY Manth, Day, Ye	While	Nat while at wark		OF INJURY (Han street, affice bl		(City or town)	(9	County)	(State)
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	220. SIGNATURE	0.0	140:	111	M.D	ATTENDING PHYS.	MED.	STAFF		9	SIGNED
	22c PHYSICIAN'S NAME (Type) Edward	W. Ditto 1	11, М.	D.		22d ADDRESS 217 We	st Wash	ington	Street He	age rew	n, Md.
2	So. BUR AL, CREMATO REMOVAL (Specify burial	9-27-6		t. View	Cem e		ema V	cation (city,	tawn, or county)	(S1	rate)
2	FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS		25	a REC'D BY RE	GISTRAR 25	b REGISTRAR'S SI	GNATURE	
	Scott F.	Minnich &	& Son.	Hagers	town	Md . D	ATESEP 2 6	'60	arthur S.	thous	



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P 7 2		-	Hager			3 hours30	mins			Grove			-	
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IAN: The ending ficate hat the bur	or rem	SE E	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URRED. (E	nter nature of	injury in P	Part 1 or Part	II of item 18.)			
r officerii	ijon,	MIDICAL	20c. TIME OF INJUR	Y Month, Day, Ye	ar 20d. IN		PLACE	OF INJURY (H	łome, farm,	20f. (City	or town)	(Cov	nty)	(State)
this is	remo	Ĭ	p. m.	19	at work	Not while	0				,			
ospi ospi of fo) [0	П	21. I certify th	at I attended the	decease	d from $\frac{2}{7}$	5/17	1960	ر ا <u>د ک</u>	9 Uz	17, 19	Athat I las	t saw the	deceased
he h	beri	П	alive on	T afre of T	, 12	22, and that d	eath oc	curred at_		_M, from	the causes o	and on the		
F S C S	5		ACTUAL SIGNATURE	, - PA	. 5/1	1/200				ADDRESS (Str	set, city or town,	state)	D	ATE SIGNED
,	<u>.</u>			· John C.	/ C U7.	1 1 220	M.D.							
reto SAL shou	Ď.		PHYSICIAN'S NAME (Type)											
OSP V be	Ds e	22	BURIAL, CREMATIO	N, 226. DATE THERE	OF .	22c. NAME OF CEMETE	RY OR CR	EMATORY		22d. LOCATI	ON (City, town,	or county)	(Sto	le)
O O O	至 /		Burial	10/4/60		Green Hil	<u> </u>			Way.	nesboro		Pa.	
VS A15 (4)	10/	23	FUNERAL DIRECTOR	S SIGNATURE	,	ADDRESS	T)		[]	RY REGISTR	AR 24b. REGI	STRAR'S SIGNA		
15M 9/55	-1/	F			Ý	laynesboro,	ra.		DATE					
1/0	670		208119	TIXVO										

-fier death. Page 4



Cemetery

25g. REC'D BY REGISTRAR SEP 21 '60

Rosehill

Sept.

21-60

2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Rural Williamsport Md. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NO Rural Williamsport RFD DATE Year Day Charlton DEATH 19 1960 Sept. B. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS 60 yrs Months Haurs 12 1900 12. CITIZEN OF WHAT COUNTRY? U.S.A Harrisburg 14. MOTHER'S MAIDEN NAME Mattie Keplinger 17, INFORMANT May Charlton Williamsport INTERVAL BETWEEN ONSET AND DEATH CARCINOMATOSIS, GENERALIZED UNKNOWN MONTHS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Hame, farm, | 20f. (City or lown) (State) (County) factory, street, affice bldg., etc.) 19 6D to SEPT. 19 19 6D, that (1) (we) last 19 60, and that death accurred at 7. 245 ApM the causes and an the date stated above 226 DATE SIGNED M. D. PHYS X MED DIRECTOR STAFF SEPT. 20, 1966 PHYS. 22d. ADDRESS CLEAR SPRING, MARYLAND 23d LOCATION (City, tawn, or county). (State) Hagerstown

Maryland

25b. REGISTRAR'S SIGNATURE

Colling & Turned

maval. permi been signed burial-transit certificate After this detoched for ATTENTINE by the hasp Health FUNERAL DIRECTOR: þ 3 should page 3 sh the State 0 15M 9/59

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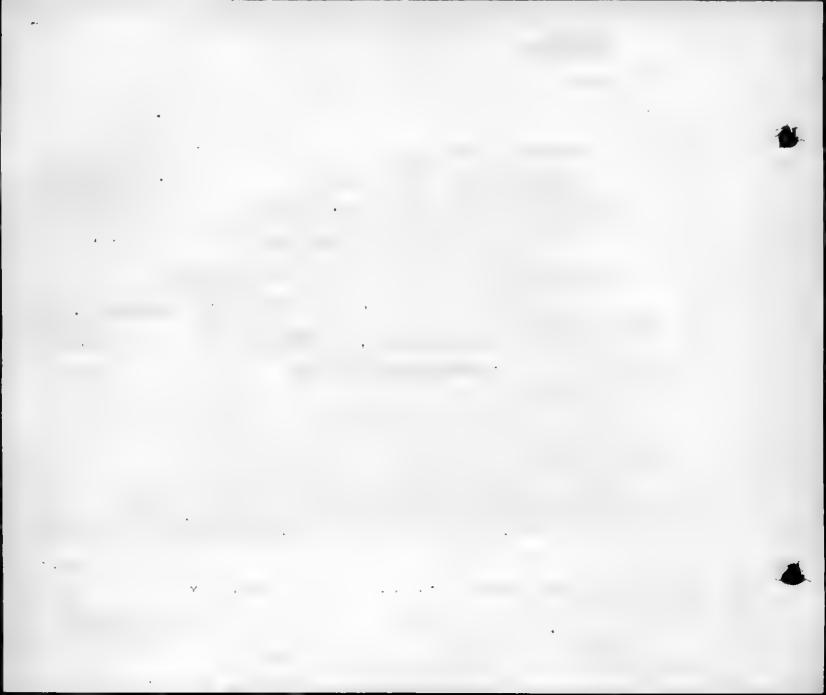
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VR A15 (4)



PERFORMED? YES NO NO

INTERVAL BETWEEN

ONSET AND DEATH

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IS RESIDENCE

Dovs

U.S.A.

ON A FARM?

YES NO K

Year

1960

200. ACCIDENT WAS UNDERLYING IN OR CONTRIBUTING IN CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DISCRIBE HOW INJURY OCCURRED. (Enternature of injury in Port I or Port II of item 18.) Injury sustained following fall.

20c. TIME OF INJURY Manth,

20d. INJURY OCCURRED Doy, Year While Not while at work or work

20e. PLACE OF INJURY (Hame, form, foctory, street, office bldg., etc.)

20f. (City or town) Hagerstown

PHYS

(Stote) Md. wash.

21. I certify that (I) (this haspital) attended the deceased from AUA 19-60 that (I) (we) last be and that death Occurred at m. SM, from the causes and an the date stated above sow the deceased alive on Deal

22o. SIGNATURE 22c. PHYSICIAN

Young E. Chun

M.D. PHYS

22d. ADDRESS

MED DIRECTOR

23b. DATE THEREOF 23g BURIAL, CREMATION Burial (Specify)

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION (City, town, or county) Lutheran Church Cemetery Leitersburg.

256 REGISTRAR'S SIGNATURE

(State)

SIGNED

Suter - Rouzer Funeral Home

Hagerstown, Md.

25o. REC'D BY REGISTRAR

arthur S. Firms

FUNERAL DIRECTOR: page 3 sh the State 0 VR A15 (4) 1SM 9/59

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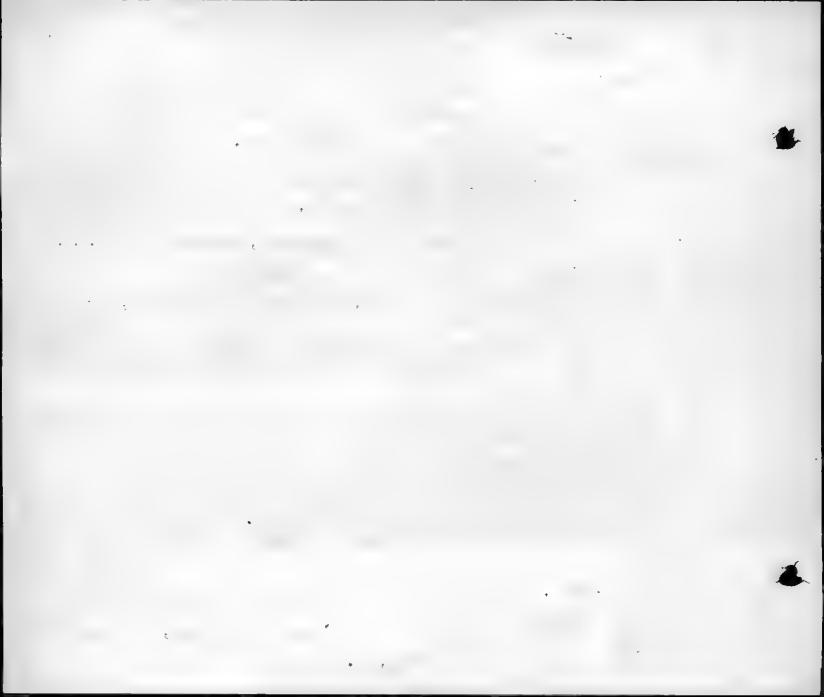
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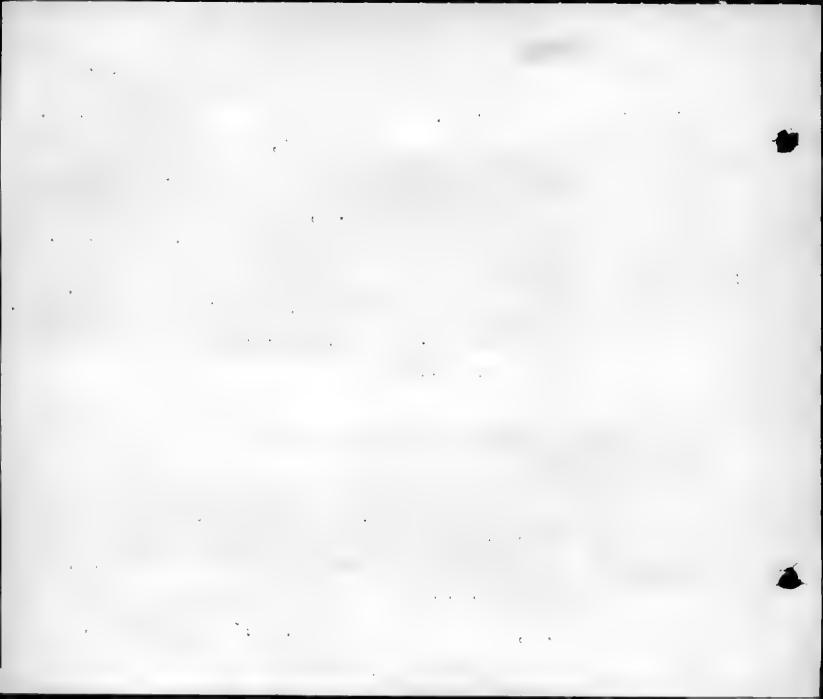
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	CITY OR TOWN (If RURAL and give nec	rest town)		LENGTH OF STATE	Y IN 1b	C. CITY OR TOV	VN (If outsi	ide corporat		URAL ond gi		town) MD _
	ROUTE 2 I. NAME OF HOSPITA OR INSTITUTION RESIDE		pive street od	dress)		d. STREET ADD	_	CLEAR			e 15	S RESIDENCE ON A FARM?
	NAME OF DECEASED (Type or print)	GEORGE	st	DAVID		OPPER	4.	. DATE OF DEATH	SEPT.		17 ^{Doy}	Year 19 60
5 9	EX	6 COLOR OR RACE	7 MARRIED	NEVER MARR		DATE OF BIRTH		9.	AGE (In years lost birthdoy)	Months (YEAR IF t	UNDER 24 HRS
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100	SELF EMP	na life, even if retired	1	CARPENT.		BLAIR				12.0312		A.
13.	FATHER'S NAME				The state of the s	14. MOTHER'S MA	AIDEN NAM	ΛE				
		NRY CLOP	PER.				THA	ELLE				
	WAS DECEASED EVER	IN U.S. ARMED FOR fiyes, give wor or dates of s		DCIAL SECURITY N						ess ROU		
	no			negour		LOTY V	. CL	OPPE	R C.	LEAR	SPRI	
		TH Enter only one co	use per line	for (o), (b), and (c	1.]							AL BETWEEN AND DEATH
	420.	H WAS CAUSED BY: IMMEDIATE CAUSE (c		onary artery	occlusio	n with my	ocardia]	l infarc	tion		one	hour
	Conditions, if an		Art	eriosclerotic	heart d	isease					on	e year
	gove rise to in couse (a), stating t lying couse lost.		:)									
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MEDICAL	20c. TIME OF INJURY Hour o.m. p. m.	19	While of work (Not while of work	foctor	OF INJURY (Hor y, street, office bl	dg., etc.)				ounty)	(Stafe)
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	226 SIGNATURE	ulie Ro	ben C	ohu	M.t	2.0	MED.	TOR 🗌	STAFF PHYS	Se	ept. 18	226 DATE SIGNED 1960
	22c PHXS CIAN'S NAME (Type)	Archie Robe	rt Cohen	M.D.		22d. ADDRESS Clea	ır Sprin	ig, Mar	yland	1 B B d d	· = = = =	
١.	BURIAL, CREMATION REMOVAL (Spec fy)			23c NAME OF CE				BLAI	DN (C ty. town, o	T.R.V	MD.	(State)
	PUNERAL DIRECTOR'S	Sept. 19	, 196	O BLAI	AV CA.			BY REGISTRA		STRAR'S SIG		
	Horu 7.	Mark	- CI	EAR SPR	RING,	MD. o.	ATE SEP	21 '60) L	rehun S.	thous	

death. Poge 4 in by the funeral director, and 2 should be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death. TO HOSPITAL

VR A1S (4) 1SM 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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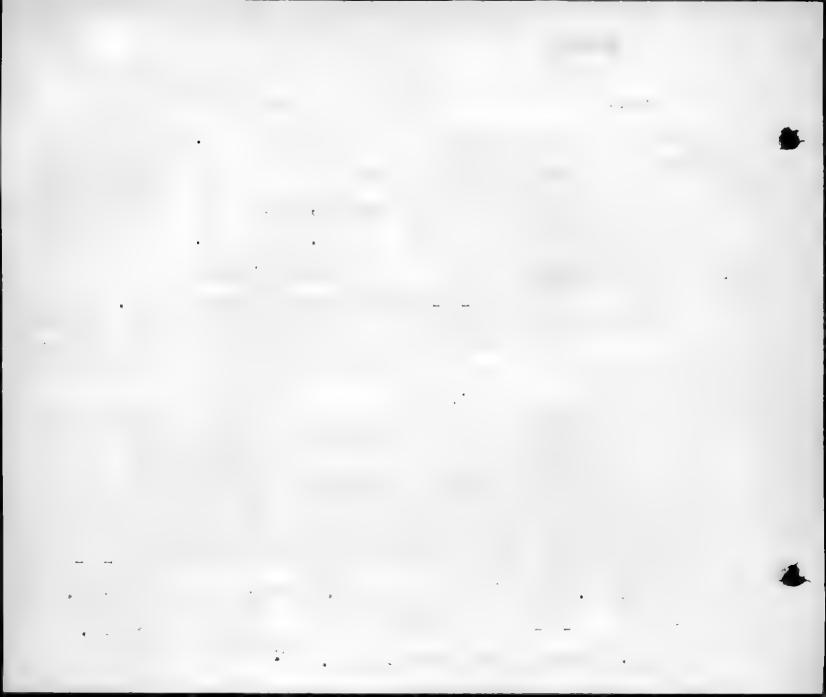
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may be refer ed by the hospital or attending physician.

TO FENERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be detached far use as the burial, cremation, or removal, and in any event, within 72 hours after death. ATTENDING PHYSMINN: The law requires that the death certificate bill executed within 24 hau

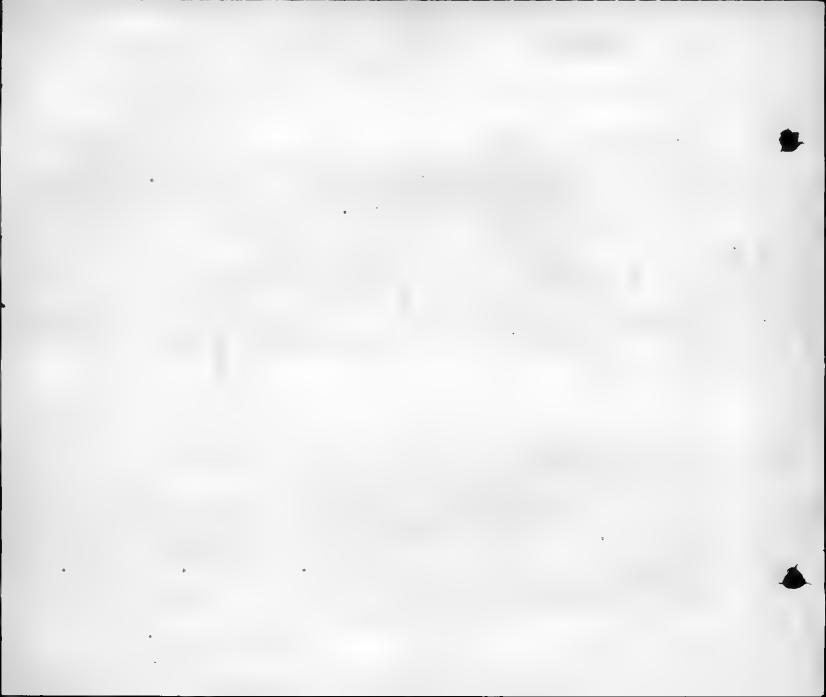
TO HOSPITAL VR A15 (4) 15M 9/59

10734 CERTIFICATE OF DEATH	
1. PLACE OF DEATH o. COUNTY Washington MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before so STATE Maryland b. COUNTY Washington	e odmission) ngton
b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 C. CITY OR TOWN (If autside corporate limits, write RURAL and give near RURAH REPORTS OWN 14 months Hagerstown	rest fown)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) Washington County Hospital # 500 Northern Tve.	e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print) Lorene Lillian Colyer 4. DATE OF DEATH September 1	16 19 60
5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF BIRTH S. Days Months Mont	Hours Min
House Wife Own Home St. Louis Mo.	WHAT COUNTRY
13. FATHER'S NAME	
John Buller Irene Viehman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes. no. or unknown) (If yes, give war or doles of service)	
491-26-021&Robert Colyer Hagerstown Md.	
JONS	RVAL BETWEEN
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	
Conditions, if any, which) (b) Ca of child laguest region with	2 w/s
gove rise to immediate cause (a), stating the under lying cause last (c) which specified (c)	
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	9. WAS AUTOPS PERFORMED? YES NO
20c TiME OF INJURY Month, Day, Year 20d, INJURY OCCURRED While Not while at work of work 19 at work	(Stat
21. I certify that (1) (this haspital) attended the deceased from 1960 the saw the degeased alive an 6 200 and that death accurred at 1500 M, from the causes and an the date	
22a. SIGNÁTUJE	225. DATE 7-60 SIGNE
22c. PHISICIAN'S NAME (Type) Harold H. Gist N. Potomac St Hagerstown	Md.
23a BUR AL, CREMATION, 23b DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, Jawn, or county)	(State)
Burial 9-18-60 St Pauls Cemetery Creve Coer Mc)
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REG STRAR'S SIGNATURE	RE
Scott F. Minnich & Son Hagerstown Md. DATE SEP 1 9 60	LA/M



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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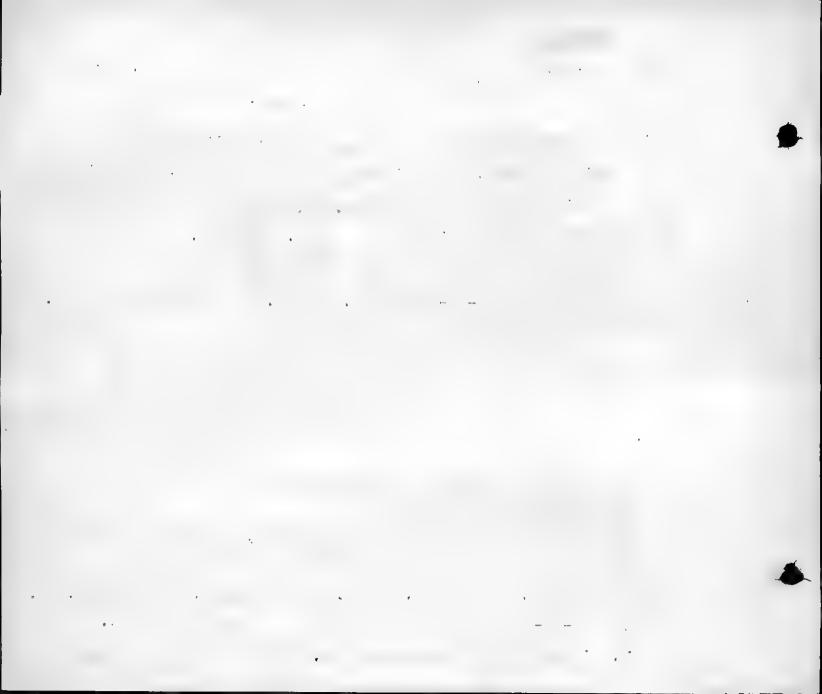
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}	in by the funeral director,	and 2 shauld be filed with	
grending physician.	DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	uld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with	lard of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.
a fred by the nospiral or attending physicial	DIRECTOR: After this c	old be detached far use	ard of Health prior to b

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TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay	S may be retailed by the hospital or attending physician.	O FUNERAL DIRECTO	oc. page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and	The state of the s

1	1. PLACE OF DEATH O. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived If institution: Resident b. COUNTY Was	ce before odmission) Shington
	b. CITY OR TOWN (If outside corporate limits, write RURA, and give negest town) Hagerstown	2 hours	Hage	tside corporote limits, write RURAL ond p	give nearest town)
	d NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION County Hos		d STREET ADDRESS 380 el	vedere Road	e IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Lewis Llewel:	lyn Cros		4. DATE OF September	20 Yeor 19 60
	S. SEX 6 COLOR OR RACE 7- MARR	IED ANEVER MARRIED	B. DATE OF BIRTH		TYEAR IF UNDER 24 HRS.
	Male White WIDOWE	D DIVORCED	Dec. 22, 18	94 (65 yrs Months	Doys Hours Min
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Yard Master	Railroad	STRY 11. BIRTHPLACE (Store o	ames Wd.	ZEN OF WHAT COUNTRY?
	13. FATHER'S NAME Lewis Cross		14. MOTHER'S MAIDEN NA	wlla Clagett	
\	1s. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	COCIAL SECURITY NO. 17 IN	NEORMANT	Address	
,	(Yes, no, or unknown) (If yes, give war or dates of service,		frs. Mary K.		own Md.
	18. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying cause last. [c]	terins cleration),	karlDisio	<u></u>	INTERVAL BETWEEN ONSET AND DEATH 3 4729
4	PART II. OTHER SIGNIFICANT CONDITIONS CONDIT				T 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
		CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of Item 18.)	
	A Hour om Whise	NJURY OCCURRED 20e PL Not while t ot work	ACE OF INJURY (Home, form, clory, street, office bldg, etc.)	20f. (City or town)	County) (State
	27 I certify that (1) (this haspital) attends saw the deceased alive an $2-20$				
	Satter Wel	Ty.		D STAFF ECTOR PHYS	226. DATE SIGNED 9-2/-6
	22c. PHYSICIAN'S NAME (Type)	1	22d ADDRESS	Α	
	Dalton M. Wel			nac Ave., Hagers	
	230 BJRIAL, CREMATION, 236 DATE THEREOF BUT1a1 9-23-60	Rose Hill		23d. LOCATION (City, town, or county) Hagerstown	d. (Stote)
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 2Sb. REGISTRAR'S SI	GNATURE
	Scott F. Minnich & So	n Hagerstov	vn Md . DATE SI	EP 26'60 Unllun =	8. Frank



MANOR REST HOME

•	IE OF DEATH					
	2. USUAL RESIDENCE (WHO IS STATE PENNS!	ere deceased	lived. If institution:	Residence befor		gge ³
	GREENCA		ate limits, write RUR	At and give nea	rest town)	
-	d. STREET ADDRESS 60 W. MAI	DISON	ST.		e. IS RESIDENCE ON A FARA YES NO	۷Z _U
	DALEY	4. DATE OF DEATH	SEPTEM	BER	Year	6

—					- Li				1
3.	NAME OF DECEASED	Fie	st	Middle	Last	4. DATE	Mont	th D	ay - Year
	(Type or print)	MARY	LU	SETTA	DALEY	OF DEATH	SEPTE	MBER	2219
5.	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years		R IF UNDER 24 HR
	FEMALE	WHITE	WIDOWED 🗖	DIVORCED	2/19/188	7	last bisthday) 7 3 yrs	Months Days	Hours Min
10	a. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	dane 10b. KIND C	F BUSINESS OR IND	USTRY 11. BIRTHPLACE (State	or foreign o	country)	12, CITIZEN C	OF WHAT COUNTRY
	HOUSEW		HOM	E	PENNSY.	LVANI	A	U.	.S.A.
13	FATHER'S NAME				14. MOTHER'S MAIDEN I	NAME			
	CHARLES	SCHENEBE	CK		ANNIE B	ARNES	5		
	WAS DECEASED EVE	R IN U.S. ARMED FOR (If yes, give war or dates of s			GEORGE SHAT	ZER	GREEN@ PE	ASTLE NNA.	
MEDICAL CERTIFICATION	Conditions, if a gave rise to it cause (a), storing lying cause lost. PART II. OTI 20a ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUIT Hour a.m. p.m.	mmediate the under DUE TO CO AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Ye 19 Dat (1) (this hospital	DITIONS CONTRIB	DOCCURRED 20e. 10 to white 20 deceased from	RED. (Enter nature of injury in PLACE OF INJURY (Home, farm factory, street, office bldg., etc	Port I or Por	y or lown)	(County	that (1) (wee) las
	220 S GNATURE	Mile P	FLAN	TW	ATTENDING M	ED.	STAFF		226 DATE SIGNE

page 3 shauld be detached far use as the burior name page 3 shauld be detached far use as the burior, ar remard, the State Baard of Health prior to buriol, cremation, ar remard. TO FUNERAL DIRECTOR: After this certificate TO HOSPITA VR A15 (4) 15M 9/59

226 PHYS LIAN'S

NAME (Type)

24 FUNERAL DIRECTOR'S SIGNATURE

Louis

9/25/60

BUR AL, CREMATION, 236 DATE THEREOF 9/25/6

ed by the haspital or attending paysician

TIMEDINE REFLICIAN: The low requies that the destricted be executed within 24 hr

pt, within 72 hours after death

23c NAME OF CEMETERY OR CREMATORY PLEASANT

CHURCH 25a. REC'D BY REGISTRAR

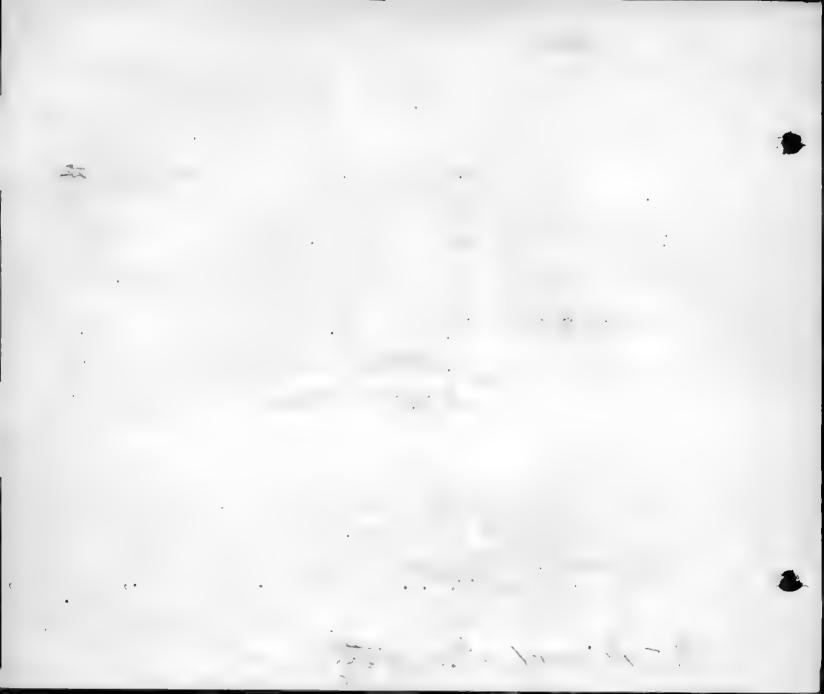
22d ADDRESS

PENNA 25b REGISTRAR'S SIGNATURE

23d LOCATION (City, fown, or county)

Onther S. Kins

(Stote)



	1	
Page 4	director.	1
er death.	funeral puld be	_
haug	in by the and 2 sho	X
within 24	ely filled Pages 1 ir death.	
xecuted v	d camplet papers. havrs afte	
colli be	sician and ve carbar within 72	(
ath certifi	nding phy case rema ny event,	
TO HOSPITAL CATTERING PRYSHING PROPERTY IN The law requires that the death certificals be executed within \$4 hearth. For death. Page 4	may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be fired with the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.	
equires 1h	signed by it permit.	
The law r	physicia has been rrial-trans natian, a	
IIIIAN:	may be reta ** ** by the haspital ar attending physician. • FUNERAL DIRECTOR: After this certificate has been sign page 3 shauld be detached far use as the burial-transit pthe State Board of Health prior to burial, crematian, ar rer	
ING PITY	aspital ar fter this c d far use priar ta b	
ATTIMIL	CTOR: Air de CTOR: Air detache	
1	DIRE	
OSPITA	UNERAL UNERAL je 3 sho Store Be	
TO H	Page The	

ATTIMING PHYMMIAN: The law requires that the death certifical be axecuted within 14 haur the death. Page 4

VR A15 (4) 15M 9/59

	OERTHOA	TE OI DERTIII					
1 PLACE OF DEATH		2, USUAL RESIDENCE (Where deceased lived. If ins					
Washington	MARYLAND	Maryland b COUNTY Washington					
b. CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town)	ite c. LENGTH OF STAY IN 16	c CITY OR TOWN (If autside corporate limits, wr					
Hagerstown	l yr.	Hagerstown					
d. NAME OF HOSPITAL (If not in hospital, give st	reet Oddress)	d. STREET ADDRESS Piper Lane	e. IS RESIDENCE ON A FARMA- YES NOTE				
3. NAME OF First	Middle	Lost 4. DATE	Month Day Year				
(Type or print) Harry	Almeda	Davis DEATH Sen	1 35 0-10				
	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9 AGE (In ye	ears IF UNDER TYEAR IF UNDER 24 HRS				
		Oct. 15 1882 77	yrs 111 Oys Hours Min				
100. USUAL OCCUPATION (Give kind of work done			12. CITIZEN OF WHAT COUNTRY				
during most of working life, even if retired)	Tannery	Williamsport Md.	USA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
Cornelius Davis	3	Catherine Davis					
16. WAS DECEASED EVER IN U. S. ARMED FORCES?		JECODIA ANT	Address				
(Yes, no, or unknown) (If yes, give war or dates of service)	215 019847 Mr	s. Clyde Fleagle Hage	er Lane				
18. CAUSE OF DEATH Enter only one couse/s			/ INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY:	Allenaters	Throng Base V	ONSET AND DEATH				
IMMEDIATE CAUSE (o)	- ownery	and the state of t	ax garage				
Conditions if now which \							
gove rise to immediate							
couse (a), stating the under-	,						
	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(0) 19 WAS AUTOPSY				
PART II. OTHER SIGNIFICANT CONDITION OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH			YES NO				
200 ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Part I at Part II of item 18)				
		ACE OF INJURY (Home, farse, 20f. (City or town)	(County) (State				
	Vhile Not while To	clory, street, office bldg, stc }	4				
	tended the deceased from	11116019 10 19/15	16019 that (I) (we) las				
saw the deceased alive on / / /	~//		and on the date stated abave				
276 SJGNATURE	700		72b SATE				
(1001 Stellas	U, a/	M.D. PHYS. DIRECTOR PHYS	916 SIGNE				
72C PRITICIANS NAME (Type)		22d. ADDRESS	///				
Name (1)pe)							
230 BUR AL, CRIMATION, 236 DATE THEREOF	25c. NAME OF CEMETERY C		wn, or county) (State)				
Burial Sept. 17-	60 Greenlawn C		ort Md.				
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS /	25g. REC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE				
5 11/11/11 6/11	V InoVina	DATE CED 1 0 '60	C1.12 . 9 Konst				



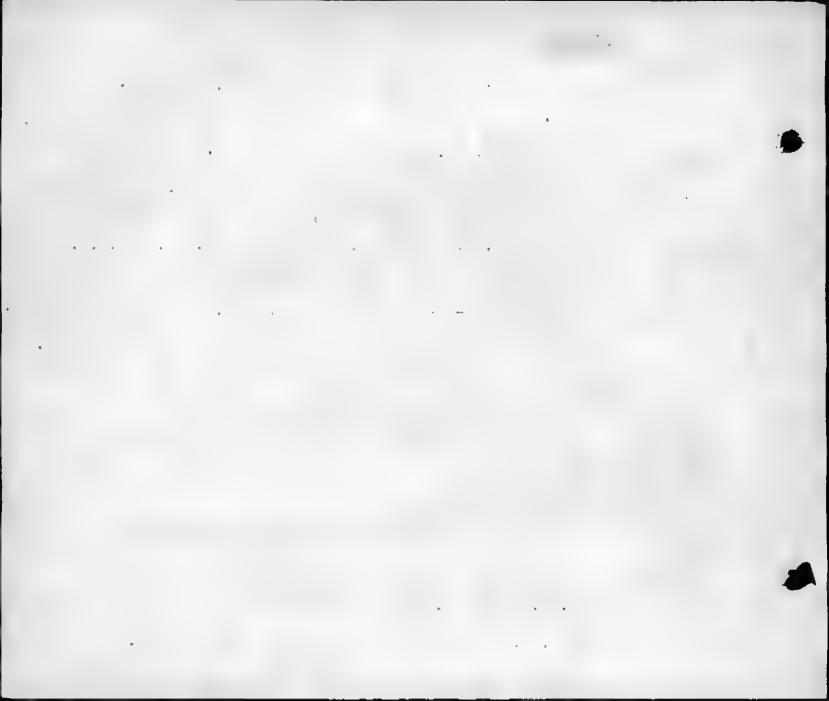
FOR STATE HEALTH DEFT. TO DEPUTY IN LALE EXAMINER: This certificate should be executed within 24 hours after death. If any delay incressary, please execute the execute the execute the execute the execute the execute the form withing the word "pending" in pendil in lean, 18. Give Pages 1, 2, and 3 to the foure ectons. Page I should be forwarded to the Chief Medical Examiner's Office along with form PMS. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriot-transit permit. File pages, I and 2 with the State Board of Health, at its designated agent, prior to barial, cremation, or remarkly and in any eventy within 72 hours after death.

VS. A15ME 5M 2/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	Dist	61.	4	{}	7	4	5
Pas	This s	NA	-	(3	-		7,7

I, PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased fived. If institution: Residence before admission)
* WASHINGTON MARYLAND	o. STATLIQUIPPE PA. b. COUNTY BEAVER
b. CITY OR TOWN (if authors corporate limits, write BURAL on GIVE negret) fown)	
BIG SPRING, MD. 5 DAYS	ALIQUIPPE 308 FRANKLIN AVE.
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d STREET ADDRESS Ve 15 RESIDENCE ON A FARM?
ROUTE 1 BIG SPRING, MD.	ALIQUIPPE, PA. YES NO CH
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Yeor
(Type or print) WILLIAM "LLOYD	DAVIS DEATH SEPT 5 19 60
5. SEX 6 COLOR OF RACE 7. MARRIED THE NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In year) IFUNDER 1YEAR IF UNDER 24 HDS Months Days Hours Min.
MALE WHITE WIDOWED DIVORCED	JUNE 2, 1900 60 yrs. World Day's Noors Man.
On. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU during most of working life, even if retired)	
WATER TENDER J.&L. STEELE	CQ. WASHINGTON CO. MD. U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FRANK DAVIS	CATHERINE MYERS
Yes, ma, or unknown) (If yes give wa or dates of service)	INFORMANT Address
102-10-7027	MRS WILLIAM L. BAVIS, ALIQUIPPE, PA
18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETVYLEN ONSET AND DIATH
IMMEDIATE CAUSE (a) CORONARY O	CCLUSION 3 HRS.
DUE TO	
Conditions, if any, which Buodernal DUODENAL U	LCER RECENT
(a), stating the underlying DUE TO	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED? //
20g. EXTERNAL CAUSE WAS 20b DESCRIBE NOW INJURY OCCURRED	(Enter noture of injury in Part I or Farl II of (tem 18)
PRIMARY 0 CONTRIBUTING 206 DESCRIBE HOW INJURY OCCURRED CAUSE OF DEATH.	(and the state of
	ACE OF INJURY (Home, form, 120f. (City or town) (County) (State)
7 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e Pl Haur a. m. While Not while for mork at work 19 at work 19	ctory, street, office bldg , etc)
21. I certify that I taak charge of the remains described ab	ove held an Autonsy C. Inspection (#) Inquiry C.
apinian death resulted from Natural causes ##, Accident	
destination death resorted from National Causes [M], Accident	, Suicide, Hamicide, Undetermined manner
ACTUAL A MAG	CHIEF MEDICAL EXAMINER
SIGNATURE . THE	ASSISTANT MEDICAL EXAMINER
EXAMINER'S DR H. W. DITTO JR.	DEPUTY MEDICAL EXAMINER
20. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY O	
REMOVAL (Specify) RIDETAT GUDT O TORMINANTA ME	MORIAL PARK ROCHESTER PA.
13. FUNERAL DIRECTOR'S SIGNATURE	7 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
Trank H. Dougething . /1/10	WYPA Pa DATE SEP 7 '60 Orlhur S. Kraus



er death. Page 4

may be FUNER Page 3: the State	1	23a BURIAL, CREMAT OF BUTIST
'R A15 (4)		24 FOINERAY DIRECTOR

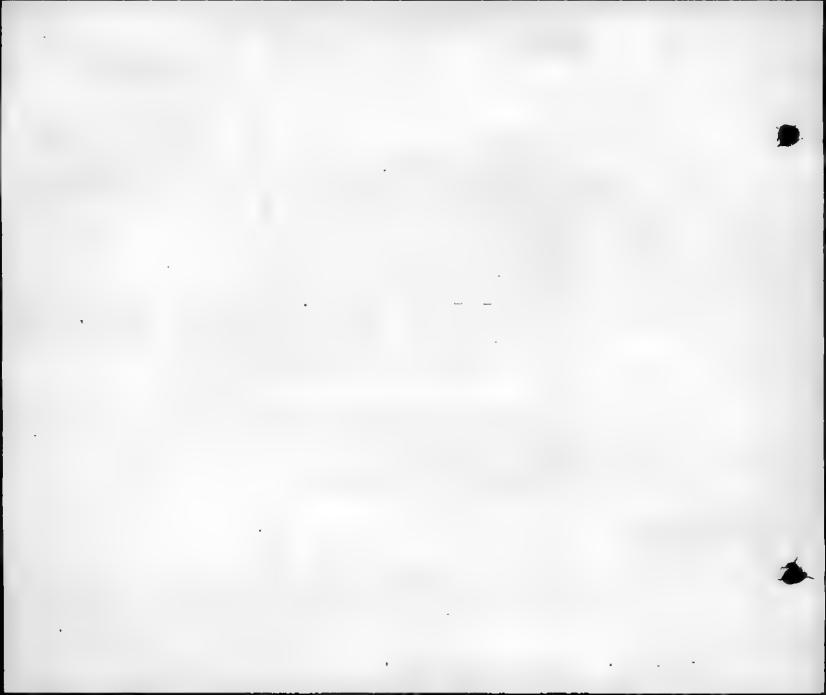
1. PLACE OF DEATH o. COUNTY Was	hington		MAI	IYLAND		Maryl		d lived. If instit b. COUN	70	nce before hing		n)
	f outside corporate imi	ts, write	c. LENGTH OF STA	Y IN 16	c. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)							
Hagers tow			1 month		Shar	rpsbu	re					
	AL (If not in haspital, g	ive street	address)		H. STREET		0			е.	IS RESID	ENCE
Washingto	n County	Hos	oital		/ 311 V	N. Ma	in Si	treet			YES [
3. NAME OF	Fir		Midd	le	Los		4. DATE		Aonth	Day	Ye	ar
(Type or print)	Lucy		Caroli	ne	Ditto)	OF DEATH	Se	pt.	10		60
S SEX	6. COLOR OR RACE	7 MARR	TED NEVER MAR	RIED 🔲	8 DATE OF BIRT	H		9. AGE (In year last birthday	(FUNDE	R 1 YEAR II	Haurs	24 HRS. Min
Female	White	WIDOWI	ED X DIVOR	ED 🔲	March	22 18	888		rs. 5	18	nours	Marke
10a USUAL OCCUPATION	ON (Give kind of work a	dane 10b	KIND OF BUSINESS	OR INDUS	TRY 11 BIRTHPI	LACE (State o	or foreign c	ountry)	12 CI	TIZEN OF V	WHAT CO	UNTRY?
Teacher		P ₁	ublic Sc	hool	Shar	rpsbu	rg I	Md.	1	J.S.	A	
13. FATHER'S NAME					14. MOTHER'S							
Edwa	rd Lee G	ays	on.		2	Selma	Mor	land				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY N	O. 17. IN	FORMANT		217	W. Ma	in St	maat	-	
No	in yes, give war as acres or a		12 38 76	6 2 J c	hn Gra	yson	Sha	rpsbur	90 of m)1 CO		
	TH [Enter only one co	use per ly	ne for (a), (b), and (1.]	J ,	, .					VAL BETY	
PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	, Ti	1mon/	RY	EMBOIISM 15 min							
11/53.	DUE TO	,		,		,				,		
Conditions, if o		Let	-T Temo	RA!	I hromhosis 2mos.						70,	
gave rise to i cause (a), stating		0		1	111 ,	/	7	1				
lying cause lost.	fe	, <u>bei</u>	neraliz	ed /	balomin	MAL	<u>arci</u>	Noma	TO 515		m	73
PART IF OTH	IER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO E	EATH BUT	NOT RELATED TO	THETERMI	NAL DISEAS	E CONDITION	GIVEN IN PA	RT 1(a) 19.	PERFOR	
SC/	RRHOUS	Car	CINOMA	oF.	Sigmo	id (10/0	14			YES 🖳	
20a ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRISE HOW INJURY	OCCURRE	D. (Enler nature o	of injury in P	Part I or Par	t II of item 18.)				
N 20c TIME OF INJUR	Y Month, Day, Ye	or 20d. 11	NJURY OCCURRED	20e. PL	ACE OF INJURY	Home, form	, 20f. (City	or lown)		(County)		(Slote)
Hour o m	19	While of wor	Not while	foc	ctory, street, offic	e bldg., etc.	.)					
<u> </u>					Telian			5-07/		<i></i>		
	t (1) (this hospital) attend				(3//3		DepT.1	/			
saw the deceas	sed alive on SC	DLIO	4 19@ O, an	d that d	eath occurre	d of 7.73	M, from	the couses	and on th	e dote		DATE
John	a. Mos	an	m. D.		M D. ATTENDIN	G ME	ED. RECTOR [STAFF PHYS				SIGNED
22c Physician's - NAME (Type)	JOHIY A. 1	MOR	LAN M.	D,	224 ADDR 2/5		115h	ING TO	IN S	7	HAG	M
23a. BURIAL, CREMAT O) F	23c NAME OF CE	METERY O	R CREMATORY		23d LOCA	TION (City, tow	n, or county)		(State)	7
Burial (Spec fy)	Sept. 1	3-60		emet			Near	Sharp				
24 FUNERAL DIRECTOR	S SUBMATURE	7/1	ADDRESS	1	-2100	25a. REC'I	D BY REGIS	TRAR 25b RE	EGISTRAR'S S	IGNATURE		
Clebertx	XEOF C	NE	lllomope	251	Ma	DATE	P 1 3 '6	0	Irlhun S.	Kraus		



er death. Page 4

VR A35 (4) 15M 9759

764110			000	-	
1. PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institution		a admission)
Washington	MARTLANU	Maryland	Washington	n	
BIIDA, and give present town)	F STAY IN 16	CITY OR TOWN (If at	itside corporate limits, write RUF	RAL and give near	est fown)
Hagerstown 5	Days	3 Hagers	town		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS		e	IS RESIDENCE
Wash County Hospital		/ 248 No	Mulberry St		YES 🗌 NO 🍱
3. NAME OF DECEASED (Type or print) JESSE RAYMOND	Middle EICH	ELBERGER	4. DATE Month Sept 1		Year 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED	B. DATE OF BIRTH	9. AGE (In years 1	FUNDER 1 YEAR	
Male white widowed D	IVORCED 🔲	Sept 5 188	8 72 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSI during most of working life, even if retired)	NESS OR INDUS	TRY 11. BIRTHPLACE (Stole of	or foreign country)		WHAT COUNTRY
Foreman Md Ribbon Co		Millstone	Wash Co Md	US	BA .
13 FATHER'S NAME		14. MOTHER'S MAIDEN N.			
John Eichelberger		Katheri	ne MoAlliste	r	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECUR [Yes, no. or unknown] (If yes, give wor or dates of service)		FORMANT	Addres	15	
No 214-09-67	80 H		chelberger		
18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), (and (c).] 24	8 No Mulber	ry St Hagers	TOWN IN THE	MAL BETWEEN
PART 1 DEATH WAS CAUSED BY:	icho 1	meumon	ic	4	du
DUE TO	, ,				
Canditians, if any, which) (b)	Ostre	anemi	a	/	5 200 20
gave rise to immediate couse (a), stating the under-					
lying cause last. (c)					
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART I(a) 19	WAS AUTOPSY PERFORMED?
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW IN OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JURY OCCURRED). (Enter nature of injury in P	ort I or Part II of item 1B)		
\$ 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCUR	RED 20e. PLA	CE OF INJURY (Hame, farm,	20f (City or town)	(County)	(State
20c TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCUR! Have a.m. P. m. 19 of work of work	, LJ 100	tary, street, affice bldg., etc.			
21 I certify that (I) (this haspital) attended the deci	acred from	7 (0,) 10/	1. m 11 (en	10 () the	at (II from I law
			M, from the causes and		
22o. SIGNATURE	01.0 1101 0	Com Castarios English	THE COUSES GIVE	Car me date	22b. DATE
Peden I Hooch an	edle 1	M D PHYS DIR	D STAFF SECTOR PHYS	91	1/2/63
27c PHYS CIAN S NAME (Type) Q. //	,	22d ADDRESS-		7	-
Eldon D. HOAchIA	rnder	- ++ C	9 e21 Lun 3	m	d
230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME C	OF CEMETERY OF	R CREMATORY	23d LOCATION (City, town, or	county)	(Stote)
REMOVAL (Specify) 9/14/60 Rest I	laven C	Cemetery !	lagerstown Wa	sh Co	Md.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		25a REC'E		RAR'S SIGNATURE	
Andrew K. Coffman Hagerston	vn Md.	DATE &	EP 15 '60 Ca	ething S. Fire	MA



ATTENDING PHYSICIAM: The low require that the death certificate == xecumd within 2 hour

deoth. Poge 4

TO HOSPITAL

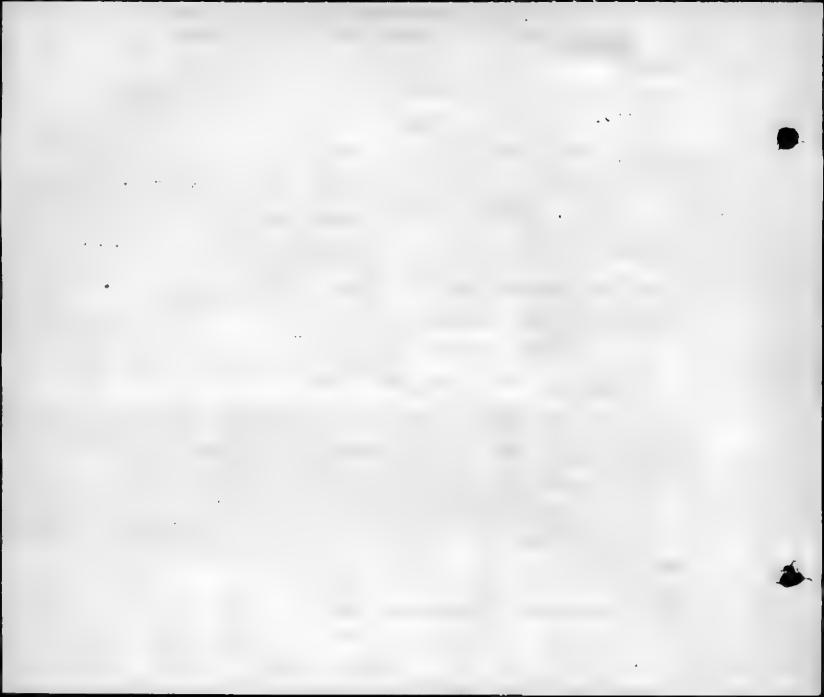
VR A1S (4) 15M 9/59

	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where of		Residence before admission)
	WASHINGTON	MARYLAND	MARYLAN	VD b. COUNTY	WASHINGTON
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGLERSTOWN	50 YRS.	HAGERSTOWN	le corporate limits, write RU	RAL and give nearest town)
)	d NAME OF HOSPITAL (If not in haspital, give stree GARLOCK MEM. CONV. HO	OSPITAL	1020 ROSE HI	CLL AVE.	e IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First	Middle		DATE Month	
	(Type or print) ALBERT	HASTLER	11 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DEATH SEPTEM	
	5 SEX NALE 6 CO.OR OF RACE 7. MAR	17	B. DATE OF BIRTH 4/24/1871		FUNDER 1 YEAR IF JINDER 24 HRS Manths Days Hours Min
	10a USUAL OCCUPATION (Give kind of work done 10b	OWN FARM	MARYLANI		U.S.A.
	DANIEL EYERLY		EMILY J.		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no or unknown] (If yes, give war or dates of service)		TAMES TAXES	HACAR	
	18. CAUSE OF DEATH [Enter only one cause per		R. JAMES EYER	ZP.	MD.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (a), stating the under: Lying couse last. (c)	estero es	histo He	nt Dias	3 dy
	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part	f or Port II of item 1B)	
	Haur g. m. While		ACE OF INJURY (Hame, farm, 2 clory, street, office bldg., etc.)	Of. (City or town)	(County) (State)
	27 I certify that (I) (this haspital) attentions saw the deceased alive an	JA .			, 1966, that (I) (we) last I on the date stated above.
	220 SIGNATURE FUI DUB	_	M.D. ATTENDING MED DIRECT	STAFF	22b. DATE/ SIGNED
	22c. PHYSICIANS NAME (Type) In E W	7,778 9	22d ADDRESS	who	mg //1900
8	23g. BURIAL, CREMAT ON 23b. DATE THEREOF 9/19/60	23c. NAME OF CEMETERY O	CHURCH CHM	WASHINGTON	
1	24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY		TRAR'S SIGNATURE
	Ul. Morrison	Hazestleen	ALA DATE CED	20'60	04



Tage of the second			5	10805 MI	DICA	L EXA	MINER'S	CERTI	FICAT	E OF DE	ATH	Reg. Dist.	1()7	740
shauld shauld	(M)	1.	PLACE OF DEATH	ı						here deceased liv	ed. If institut	ion: Residence	before odn	nission)
essary, please Page 4 shaul burial, cremo		L		hington	Mar	ylani	MARYLAND	o. STATE	aryla	nd	P. COUNTA	Jachin:	ton_	L
Ssary, Page burial			ond give necrest	N (II outside corporate limits, write	e RURAL	c. LENGTH C	F STAY IN 16	c. CITY OR	TOWN (If	outside corporate	limits, write	RURAL and gi	ve nearest to	own)
Po Po			3t. Ve			Unko	מיניכ	811 G	eorge	Street	rlti	more La	arylan	ıd
	1		. NAME OF HOS	PITAL OR INSTITUTION	If not in hos	pitol, give stree	t oddress)	d. STREET	ADDRESS	1	2	VALL		RESIDENCE
di di	10/		Washing	ton County 1	Hospit	al		811 G	egroe	Street				ON D
delay ral d or fil		3	NAME OF DECEASED	Darwy Fi	H	М	iddle	Los	1	4. DATE OF	Month	(Day	Year
unei yat))		(Type or print)	nald			cher			DEATH COP	tember	-5th		1960
The far		5.	EX	6. COLOR OR RACE	7. MARRIE	D NEVER	MARRIED 3.	DATE OF BIRTH	4	9. AC		IF UNDER TYPE		
eath. 3 to the tained with the			Male	Col.	WIDOWED	DIV	ORCED 🔲	arch-12	-1898		62 yrı.	Months Day	rs Hours	Min.
8 cp ≥ 3		100	. USUAL OCCUPA	TION (Give kind of work rking life, even if retired)	done 10b. K	IND OF BUSIN	ESS OR INDUSTR	Y 11. BIRTHPL	ACE (Slote o	er foreign country)	12. CITIZEN	OF WHAT	COUNTRY?
ter de				In Ceneral	I	n Gener	26.1	Hag	ersto	m Maryl	and	U.	5.4. y	Tes
3 of 2.		13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
es 1 5 m			Unk	cown					Unk	own				
24 f Pag 3ge	3		WAS DECEASED	EVER IN U. S. ARMED FO		SOCIAL SECUR	ITY NO. 17. IN	FORMANT			Address			
E & C.		L	No	No			Sus	ie Flet	cher 8	811 Geor	ge Str	eet		
¥ SK i			18. CAUSE OF D	EATH [Enter only one car	se per line i	for (a), (b), one	(c) FRAC	TURED	KULL,				NTERVAL BETW	YEEN
in P			PART I. D	EATH WAS CAUSED BY:			CRUS	HED CHE	EST,				oreset Area or	2411
kecute Item III form			XD.) X DUE TO			CRUS	HED LEP	FT SHO	ULDER,				
with trop	4		Conditions, if	ony, which) (b		•	FRAC	TURED F	RIGHT	ARM, LEF	T CLA	/ICLE	INSTA	NT
auld be exec pencil in Iten alang with fa burial-tronsit			gove rise to Im (a), staling th											
(a)			cause lost.	(c										
or share sha		Z	PART II.	OTHER SIGNIFICANT CON	DITIONS CO	NTRIBUTING T	O DEATH BUT N	OT RELATED TO	THE TERMIN	NALDISEASE CON	IDITION GIVI	EN IN PART 1() 19. WAS	AUTOPSY ORMED?
		CERTIFICATION											YES	NO 💢
pend pend pend pend pend pend pend pend		TIFE	20g. EXTERNAL	CAUSE WAS CONTRIBUTING []	b. DESCRIBE	HOW INJURY	OCCURRED. (Er	ter nature of in	njury in Port	I or Port I) of ite	m 18.)		,	
his dan			CAUSE OF DEAT	rH.			ruck ov							
73. T war Excushoushoushoushoushoushoushoushoushousho		MEDICAL	20c. TIME OF IN			NJURY OCCUR	RED - 20e. PLAC	E OF INJURY (Home, form,	20f. (City or to	wn}	(County	}	(State)
P P P P P P P P P P P P P P P P P P P		WE S	Hour o.		60 While	rk at work	"X RT"31	O WEAV	ERTON	WEAVE	RTON	WASH C	0 1	Mp
A Me	3		21. I certify	that I took charge	of the r	emains des	scribed abay	e, held an	Autopsy	, Inspe	ction X,	Inquiry	, and	find that
X is is a			death result	ed fram: Natural	causes [], Accide	nt 💢, Suic	ide 🔲, H	lamicide	, Undet	ermined co			
				1		12 75	1			_		_		
D = 5			ACTUAL SIGNATURE	Mia	El-	and,	3	M.D. CHIEF A	MEDICAL EX	AMINER 🗌			18.	Ertiretti
	÷ 1			DR E W DITTO	, JR				NT MEDICA	L EXAMINER				
			NAME (Type)					DEPUTY	MEDICAL E	XAMINER -	_			
Cute the	ē	220		TION, 226. DATE THERE)F	22c. NAME OF	CEMETERY OR	REMATORY		22d. LOCATION	(City, town, a	r county)	{S1e	ste)
	Ď		REMOVAL (Spec Burial	10/10/60		Mt Cal	lvery EI	metarv		Brookly	n Marv	land		
	to the	23.	FUNERAL DIRECT	or's signature Lilson 1000	nment'	ADDRESS	rue		240. REC'D	BY REGISTRAR	24b. REGIS	TRAR'S SIGNA		
Vs. A15ME 5M 9/55		I	lroy C.	Lilson 1000	Brant.	103 11			DATE	8 '60	L 100	ing S. Ha	au4	
Jim Prad														

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VR A1S (4) 15M II/59

	1019:	I tem CERTIFICA	IE OF DEATH	
	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived.	
	MASHINGTON	MARYLAND	MARYLAND.	WASHINGTON
	b. CITY OR TOWN (If outside corporate tin	nits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate lim	
	RURAL and give nearest town)	GMONTHS	X ST ENANGE R	DEAL
	d NAME OF HOSP TAL (If not in haspital,		d. STREET ADDRESS	e IS RESIDENCE
	ORINSTITUTION 119 LAKIN A	UF (Private Home)	TAIRPLAY NIE	ON A FARM?
		irst Middle	Lost 4. DATE	Month Day Year
	(Type or print)	17 10 0 0	OF DEATH SE	PTITAN BER- 15, 1960
	S. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	711111111111111111111111111111111111111	E (In years IF UNDER 1 YEAR IF UNDER 24 HR
	AAA / >		A D Care Core	birthday) Months Days Hours Min
	TYTHIF. WHITE		ISTRY 11 BIRTHPLACE (State or fareign country)	12 CITIZEN OF WHAT COUNTRY
_	during most af warking life, even if retire		STRT IT BIRTHEACE (Side or Idleigh Country)	
	KETIRED FARMED	DWN FAEM		, CONID U.S.A
	13 FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	CACOB CF-1	SIEND	1 ALICE HIL	
	15. WAS DECEASED EVER IN U.S. ARMED FO (Yes, no. og ugknown) (If yes, give war ar dates of		NFORMANT'	Address
	Nor	NONE IT	VGH ACTORD 1000	NSBORD MD.
	18 CAUSE OF DEATH [Enter only one of	cause per line for (o), (b), and (c)	1 /	INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY.	(a) ilmerstrugg	Billing Ellette	47 6940
	450,0 DUE TO	0 / 6 / /	1 1	
	Conditions, if any, which)	n tente leann	rubage from seele	2 uller 5 munul
	gave rise to immediate (couse (a), stating the under-	0		
	lying cours lost	(c)	' /	
	PART II. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0) 19. WAS AUTOPS
^	PART II. OTHER SIGNIFICANT COL			PERFORMED? YES NO
_	200 ACCIDENT WAS LINDERLYING FT	20b. DESCRIBE HOW INJURY OCCURR	ED (Enter nature of injury in Part I or Part II of i	tem 18.)
	OR CONTRIBUTING CAUSE OF DEATH	•		
	S 20c. TIME OF INJURY Month, Day, Y.		LACE OF INJURY (Home, form, 20f. (City or tow	(County) (Stat
	Hour o. m. p. m	While Not while	actory, street, office bldg., etc.)	
			90 cet 2 . de . 1)	Fill roll a comment
	21 I certify that (I) (this haspite	W 111 / 1		et 10, 1926, that (1) (we) la
	saw the deceased alive an off	14171900 , and that	death occurred at 1/2 M, from the c	guses and an the date stated above
	- 41 10 f	· / A.	ATTENDING MED STA	FF
	22c PHYSICIAN'S	min -	M.D PHYS. DIRECTOR L PHY	S. L. 710/66
	NAME (Type)	nlla u	OSognalin	o dind
	U WIK	******		
	230 BUR AL, CREMATION 236 DATE THERE	OF 23c NAME OF CEMETERY	OR CREMATORY 23d LOCATION (City, lown, or county) (State)
	DEPT.18.	14PO MIOUNTAIN A	IFW CEMETERY SHAK	PSBURG MD.
	21. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'D BY REGISTRAR	25b REGISTRAR'S SIGNATURE
	Jaken Ay My	O ONISIBER	D / 10 DATE SEP 21 '60	Cirilar & Trans



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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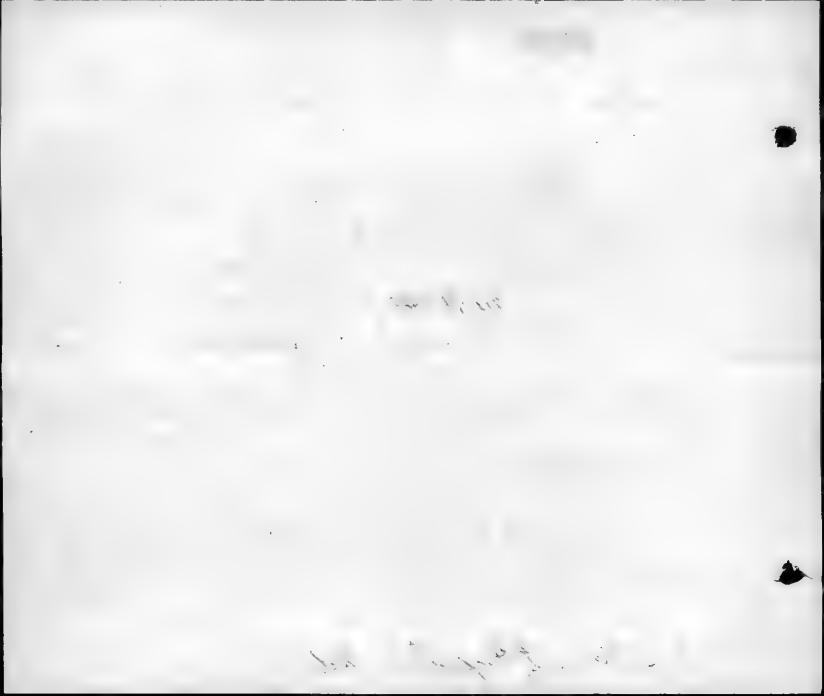
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unerai

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admiss on) a. COUNTY WASHINGTON **b** COUNTY WASHINGTON MARYLAND MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUESE HUMBERS THEOLER (Dann) TO MO. HAGERSTOWN d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE 627 WIRGINIA AVE. REEDER NURSING ON A FARM? HOME YES NO P NAME OF First Middle 4. DATE Marth Day Year DECEASED FUNKHOUSER DEATH JEFFERSON SEPTEMBER (Type ar print) THOMAS 60 19 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Doys WHITE 1/22/1882 MATE WIDOWED TA DIVORCED | 10a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? HETTER D GATED if retired) U.S.A. AIRCRAFT CO. MARYLAND 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME MARY JANE STEELE FUNKHOUSER GODFREY ACCLEARSPRING 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes. no. or Windsawn) 18. CAUSE OF DEATH [Enter only one cause per lufe for (o), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. Z PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 119. WAS AUTOPSY PERFORMED? CERTIFICAT YES INO 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stole) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work 21 1 certify that (1) (this haspital) attended the deceased fram Pauli 1966, that (1) (we) last 1960, and that death accurred at 2/M, from the causes and an the date stated above. saw the deceased alive an 22a SIGNATURE SIGNED ATTENDING PHYS. MED. STAFF PHYS M.D 22c PHYSICIAN'S 22d, ADDRESS NAME (Type) 230 BURIAL, CREMAT ON, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) (State) /29/60 REST HAGERSTO 24 FUNERAL DIRECTOR'S SIGNATURE ADDR656 250. REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE SEP 3 0 '60

50 .€ ě pletel dod puo physician attending please þ peub permi been si phys cian. burnal transit has Pby the DIRECTOR: Board 3 should TO FUNERAL page 3 sh the State I

VR A1S (4) 15M 9/59



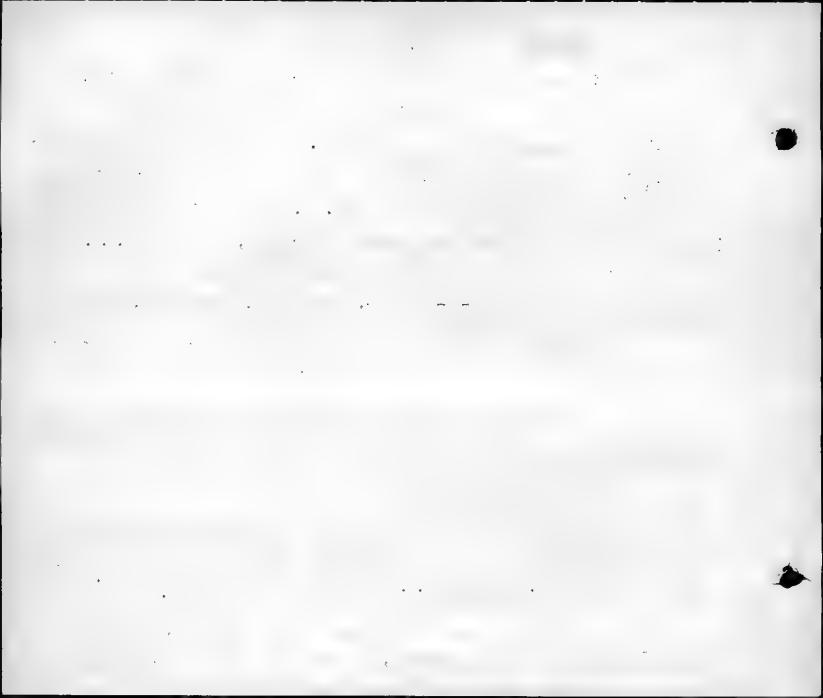
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COUNTY Wash	ington			ere deceased lived. If institution: Residen	ce before admission)
	THROOM	MARYLAND	o. STATE Maryla	nd b county Wash	nington
CITY OR TOWN (If o RURAL and give near agerstown	utside corporate limits, write est town)	most of Life	c. City or town (if o	utside corporate limits, write RURAL and a	give nearest town)
NAME OF HOSPITAL		oddress)	d. STREET ADDRESS		e. IS RESIDENC ON A FARM
asnington	county mospic	81	1423 9° LOTO	mac otreet	YES NO
ECEASED	HARRY First	ERROL	GEARY	4. DATE Month OF DEATH September	19 60
				lost birthday) Months	Doys Hours Mir
eet Metal	(Give kind of work done 10b g life, even if refired) WORKER		try 11. BIRTHPLACE (Stote of Clearspr	ing, Maryland U.	ZEN OF WHAT COUNT
				· · · · · · · · · · · · · · · · · · ·	
na or unknown) (If)	6. 6				aryland
PART I. DEATH	WAS CAUSED BY WHEDIATE CAUSE (o). DUE TO Which (b)	ros bon I thoma	rosekrosis	r, hami plagia	Unkuru
PART II OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PAR	T I(a) 19. WAS AUTO PERFORMED YES NO
OR CONTRIBUTING	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED). (Enter nature of injury in f	art I or Port II of item 18)	
20c TIME OF INJURY Hour a.m. p.m.	While	Not while foc	CE OF INJURY (Home, farm tary, street, office bldg., etc.	20f. (City or town)	County) (St
	(I) (this haspital) atten	ded the deceased fram.	6-18 19	39. ta 9-19, 19. M. From the causes and an the	e that (1) (we) I
220 SIGNATURE		•	ATTENDING ME	STAFF RECTOR PHYS	22b DATE SIGN 9:20:60
22c PHYSICIAN'S NAME (Type)	John H. Horr	nbaker, M.D.	22d ADDRESS 1	54 West Washington	St.,
BURIAL CREMATION, REMOVAL (Specify)				23d LOCATION (City, town, or county) Hagerstown Marv	(Stote)
	I. NAME OF HOSPITAL OR INSTITUTION JAME OF STATE OR INSTITUTION JAME OF STATE STATE WALE USUAL OCCUPATION during most of working Bet Metal FATHER'S NAME WILLIA WAS DECEASED EVER I TO OR UNKNOWN) 18. CAUSE OF DEATH PART I. DEATH OTHER Conditions, if ony gove rise to imm couse (a), stoting the lying couse last. PART II OTHER 200. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M HOUR CONTRIBUTING E (IF EITHER, NOTIFY M 202. TIME OF INJURY HOUR C. m. 21. I certify that Saw the deceaser 220 SIGNATURE 0 221 PHYSICIAN'S NAME (Type) BURIAL CREMATION, BURIA	I. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION AS hington County Hospital Sahington County Hospital Sahington County Hospital First First HARRY EX 6 COLOR OR RACE Male White Widow USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret Metal Worker FATHER'S NAME William Geary WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 (Fyes, give wor or dates of service) 10 (If yes, give wor or dates of service) 11 (Fyes, give wor or dates of service) 12 (Due TO Conditions, if ony, which gove rise to immediate couse (a), stating the under lying couse last. PART II OTHER SIGNIFICANT CONDITIONS 20 ACCIDENT WAS UNDERLYING (C) 12 (FEITHER, NOTIFY MEDICAL EXAMINER) 20 IME OF INJURY Month, Day, Year 20 Hour a.m. p. m. 19 whith the county of the c	I. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION	AME OF MCSPITAL (If not in hospital, give street address) Jashington County Hospital Jashington County Hospital	LAMAG OF HOSPITAL (If not in hospitol, give street address) AS INSTITUTION AS HINGTON AS HINGTON AS HINGTON AS HINGTON COUNTY HOSPITAL AMAGUA FOR INSTITUTION AS HORPEASS AS POTOMAC Street Month AND ATTERIST MARKING FOR ANY FOR AN HARRY ERROL GEARY AD ATTERIST MARKING FOR ANY AS DECASED FOR BRITH OIL WINDOWS AIRCRAFT AND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (stole or foreign country) AIRCRAFT MARKING AIRCRAFT OCCUPATION (Give kind of work done) AIRCRAFT OCCUPATION AIRCRAFT OCCUPATI

ATTEMBING PHYSICIAM: The law requires that the duath continuate be executed within 20 have by the haspital an attending on the hybridian.

TO HOSPITAL may be reto VR A15 (4) 15M 9/59



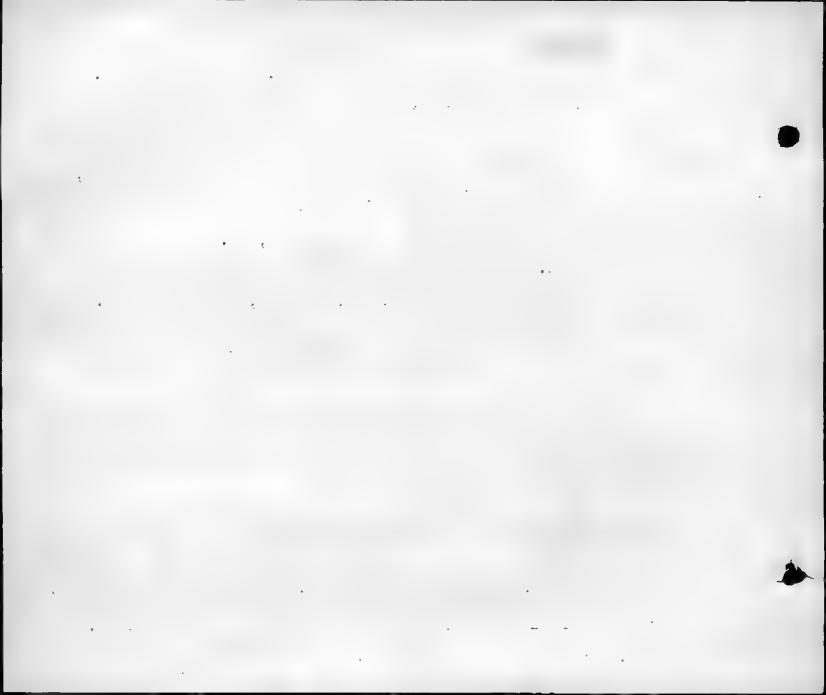
er death. Page 4

TO HOSPITAL SATENDING ENYSICIAM: THE law requires that the death certificate be enemated within 24 hmust ende may be retained a by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and mampletely filled in by the fune page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the state Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs ofter death.

VR A15 (4) 1SM 9/59

4118		CERTITION	IL OI DEATH		
PLACE OF DEATH c. COUNTY Washin	gton	MARYLAND	2. USUAL RESIDENCE (WI o. STATE AID	here deceased lived If institution b COUNTY	n: Residence before admission)
b CITY OR TOWN (If outside con rural Hagers	porote limits, write	c. LENGTH OF STAY IN 16	That is	outside corporote limits, write RU Hagerstown	RAL and give nearest lown)
d. NAME OF HOSPITAL (If not in OR INSTITUTION PETD 2	hospitol, give street	oddress)	d. STREET ADDRESS RFD 2		e. IS RESIDENCE ON A FARM? YES NO [2]
3. NAME OF DECEASED (Type or print)	essie	Middle Leona	Gerhart	4. DATE Month OF DEATH	Doy Yeor Sept. 9, 1960
female 6. color whi		RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF SIRTH June 15, 18	9. AGE (In years lost birthday) 75 yrs	Months Doys Hours Min.
100. USUAL OCCUPATION (Give lon during most of working life, eve NOUSEWITE	n if retired)	. KIND OF BUSINESS OR INDU	STRY 11. SIRTHPLACE (Stole Big Pool	*	12 CITIZEN OF WHAT COUNTR
13. FATHER'S NAME Devid	L. Repr		14. MOTHER'S MAIDEN	Amanda Sha	drach
15 WAS DECEASED EVER IN U. S. A		SOCIAL SECURITY NO 17 1	NFORMANT 15 R. Gerhal	Addrest ov.	133
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO (b) DUE TO (c) CANT CONDITIONS	Exoflegit	Scalyseco		N IN PART 1(0) 19. WAS AJTOPS PERFORMED? YES NO [
200. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EX	XAMINER)	SCRIBE HOW INJURY OCCURRE			
20c. TIME OF INJURY Month, Hour o. m, p. m.	While	l la	ACE OF INJURY (Home, form clary, street, office bldg., etc	n, 20f. (City or town)	(County) (Stol
21 I certify that (I) (this saw the deceased alive	- AAAAK	r /	1.1	M, fram the causes and	that (I) (we) la
220 SIGNATURE	Aflema		M.D. ATTENDING M.PHYS	STAFF STAFF	22b. DATE 9/10/60
NAME (Type) Phil	ip J. Hir	shman, M.D.	22d. ADDRESS 159 W. Wa.	shington St. Ha	gerstown, Md.
230 BURIAL, CREMATION, 236 DA REMOVAL (Specify) 9.	-12-60	23c NAME OF CEMETERY C Shanktown		123d LOCATION (City, town, or near Big Po	_ '' '
24. FUNERAL DIRECTOR'S SIGNATURE SCOTT F. Wiinn:		ADDRESS	25a. REC		TRAR'S SIGNATURE



M	
-	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1076; 3MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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			Keg. DII	ir. 140.
1. PLACE OF BEATH		it in the second of the second	re deceased lived. If Institutions Resider	nce before admission)
NA dub stun	MARYLAND	a. STATE LL LNO	LIS B. COUNTY LE	
CITY OR TOWN (If extends corporate familia, write RURAL and give necres) fown;	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	tride carporate limits, write RURAL and	give nearest town)
MAGLEGRAN	4 CAVS	DIX	D N	* 24-7
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi	ital, give street address)	d. STREET ADDRESS		e, IS RESIDENCE ON A FARM?
316 GARLINGER FIV	ENUE	523 DEF	POT STREET	YES NO
3. NAME OF First DECEASED	Middle	Lest 4.	DATE Month	Day Year
(Type or print)	G-2.0	DVER	DEATH SEPTEMBER.	21- 1960
5. SEX 6. COLOR OR RACE 7. MARRIED	7	DATE OF BIRTH	Lord houth dead	YEAR IF UNDER 24 HRS.
+ FMALE WHITE WIDOWED		UEC, 6, 19	03 S6 m. 37	73- 1100
19a' USUAL OCCUPATION (Give kind of work dane) 10b. Kti during most of working life, even if retired)	ND OF BUSINESS OR INDUSTI	11. BIRTHPLACE (State or	foreign country) 12. CITI2	EN OF WHAT COUNTRY
	NN HOME	MADLEVILL	E WASH. CO. NID.	II S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
HOWARD TT. ST	OUFFER	CARRI	LE GALAR	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. St	OCIAL SECURITY NO. 17. IN	FORMANT	Address ARC	ALC: SEE 17
NO:	MA	RS. L. R. BRIT	the state of the s	LICENAL ML
18. CAUSE OF DEATH [Enter only one cause per line for	or (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)CO	ronary Occlusi	ion		Instant
- 20 . DUE TO				
Conditions, if any, which) (b) Her	pertensive Vas	cular Disease		Recent
gave rise to immediate couse (a), stating the underlying DUE TO	1			
covse last.				
Z PART II. OTHER SIGNIFICANT CONDITIONS CON	ATRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINA	LDISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
E C				YES NO TE
PART II. OTHER SIGNIFICANT CONDITIONS CON 200. EXTERNAL CAUSE WAS PRIMARY & or CONTRIBUTING CONTRIBUTIONS CONTRIBUTIONS CAUSE OF DEATH.	HOW INJURY OCCURRED. (Er	nter nature of injury in Part I a	or Port II of item 18.)	
21200		E OF INJURY (Hame, farm,	20f. (City or town) (Cour	nly) (State)
Hour a.m. While at world	1460 ALINE	ry, street, affice bldg., etc.)		
21. I certify that I took charge of the re	emains described abar	re, held an Autopsy	, Inspection K, Inquir	, and find that
death resulted from: Natural causes x	, Accident II, Suid	ide , Homicide	, Undetermined cause .	
1 5 1 0	X			
ACTUAL SIGNATURE	660 2	M.D. CHIEF MEDICAL EXAM	AINER 🗍	DATE SIGNED
SIGNATURE		ASSISTANT MEDICAL I	EXAMINER [
EXAMINER'S NAME (Type) Dr. E. W. Ditto.	Jr.	DEPUTY MEDICAL EXA	MINER 12 9-22-60)
220. BURIAL, CREMATION, 22b. DATE THEREOF 2	22c. NAME OF CEMETERY OR	CREMATORY 22	Ed. LOCATION (City, town, or county)	(State)
TREMOVAL (Specify) SEPT. 34.1960	PHADEL HILL	CEMETERY	DIVAN III	MAIS
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		Y REGISTRAR 246. REGISTRAR'S SIG	NATURE
Jalu III JE rost Dos	NSBORO NI	D. DATE OUT	3 '60	
		1 ****** UU	O DO I CLAR A	11

VS. A15ME(5) 5M 9/55 y

or remayal.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

10755

4 35 /		L.	CERTIFICATE OF DEATH	
et or xit	MA		PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)	
. Page I director	141		Washington Maryland Maryland b. COUNTY Washington	
eral be fi			b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	
death uneral Id be	s285	П	Hagerstown 4 days Sharpsburg	
he f	7 %	/-	d NAME OF HOSPITAL (If not in hospitot, give street address) d. STREET ADDRESS e IS RESIDEN	
4 5 t			Washington County Hospital 1207 W. Main Street YES NO.	
å "i å		3.	NAME OF First Middle Lost 4. DATE Month Day Year	
illed sth.			DECEASED (Type or print) Oliver Murphy Grove DEATH Sept. 28 19	60
thin ly fi		S.	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24	4 HR
d wi			Male White WIDOWED April 20 1881 79 yrs 5 7 Hours	Min.
amp apper		100	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 11, BIRTHPLACE (State or foreign country)	NTRY
o pi			Labor Cemetery Sharpsburg Md. U.S.A	
be ex n and orban n 72 h	-	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
icate b rsician we car	(1	1	Otho Grove Ella Swain	
rtificate physici mave on nt, with	/	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address	
re re		1,	No 232-6/0429 Mr. Clyde W. Grove Sharpsburg Md.	
eath endi leas			1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWE	EEN
in p			PART I. DEATH WAS CAUSED BY: Gangrene of left leg 4 days	
the The			H 3 C a DUE TO	
表 を			Conditions, if ony, which) (b) Embolus of Left common iliac arthery and 4 day	S
nires ned perm			gove rise to immediate couse (a), stating the under DUE TO Multiple emboli to brain and lungs 3 days	
on. on signification			lying couse lost (c) Arteriosclerotic heart disease with auricular 5 Y	re
ow rsici bee tran		ATION	PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTO PERFORME	
he physical		CAT		<u> </u>
nding cate I he bu	च्य	CERTIF	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If ETITHER, NOTIFY MEDICAL EXAMINER)	
atte atte urial				(Stote
# 5		MEDICAL	Hour o. m. While Not while foctory, street, office bldg., etc.)	
P pid # pig		~		_
DIN has hed hed			0/07/60	
TEN The The			saw the deceased olive on	
P G G G		'	Wally The Strain & M.D. PHYS MED. STAFF SED. 29, 19	PERM
2 P P P			ZZc PHYSICIAN'S 22d ADDRESS	
reku RAL Shau shau	•		NAME (Type) Walter H. Shealy M. D. Sharpsburg, Md.	
HOSPI day be r FUNER age 3 s		23	BUR.AL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote)	
may O FUN page the Si			Burial Sept. 30-60 MtV View Cemetery Sharpsburg Md.	
F F		4 24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REGISTRAR 250 REGISTRAR'S SIGNATURE	
VR A1S (4) 1SM 9/S9	290		almal Button, welles model, Ny DATE OCT 3 '60 arthur S. Kinns	



FOR STATE HEALTH DEPT.

HEALTH DEPT.

Food Health

Of Health

Of Health

The state of Health

Th

TO DEPUTY A PICEL EXAMINER: This mriticate should in mecuted within 28 hours after death. If any delay the essay, please execute the Firate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the function. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your files.

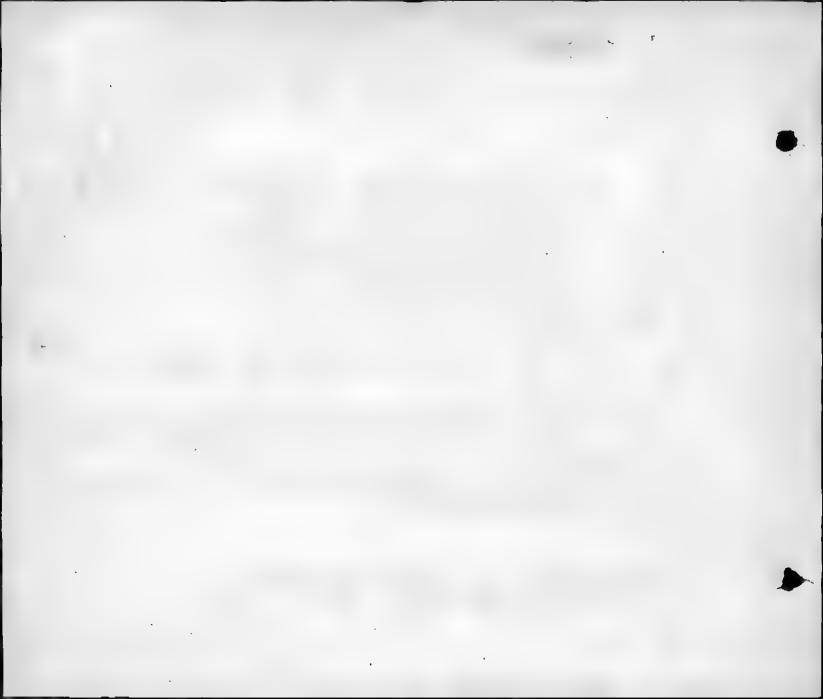
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

2 2 2 VS A15ME 5M 2/57 ال حاد

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10756 Reg. Dist. No.

	I. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	WASHINGTON MARYLAND	O. STATE MARYLAND. b. COUNTY WASHINGTON
	b. CITY OR TOWN III outside corporate formits, we to BURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (if outside carporate limits, write RURAL and give nearest town)
١	and give negreti lown)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d STREET ADDRESS A G IS RESID N E
	d. NAME OF HOSPITAL OR INSTITUTION (II NOT III INSPIRE), give street address;	ON A FARM?
	TREDYSVILLE MID.	MELDYSVILLE IND. VES NO
	3. NAME OF First Middle	Last 4. DATE Month Day Year
i	(Type or print)	MOND DEATH SEPTEMBER. 15 19 60
	**************************************	DATE OF SIRTH 19. AGE (In years IF UNDER 14 EAR) IF UNDER 24 1855
	MALE WHITE WIDOWED DIVORCED	A PTO Desar 200 1 (Call Interthing) Months Days Hours Min.
	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI	OCTUBER . 30 1884 - 7575 10 15 RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	ducing mast of working life, even if retired)	
	METIRED HAIRMER OVYN FAIRM	ISHARDS BURG WASHICKIND VISIA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	NO RECORD	SUSAN HAMMOND.
		IFORMANT Address
1	[Pres. no. of unknown] [If yes, give war or dates of service] 215 36-6544 R	YA. HAMNIOND KEEDUSVILLE MD.
	18. CAUSE OF DEATH [Enler only one couse per line for (a), (b), and (c).]	TINTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DIALIT
	IMMEDIATE CAUSE (0)	Occusion enclose.
	T 20 0 DUE TO	12 1/1
	Conditions, if ony, which) (b) Certain	dustro Neut train 444m
	gave rise to immediate cause (a), stoting the underlying DUE TO	
	couse last.	
	FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	PERFORMED? YES TO NO THE
		nter noture of injury in ort I or Fort II of Item 18)
	PRIMARY D or CONTRIBUTING D	the horself of thinky har on 1 or ren 11 or frem 18)
	1 7.]	
		E OF INJURY (Home, form, 20f. (City or town) (County) (State)
	While Not white p. m. 19 of work at work	
	21. I certify that I taok charge of the remains described about	ve, held an Autapsy , Inspection , Inquiry , and in my
	opin on death resulted from: Natural causes Accident	
	ACTUAL A SILLA	DATE SIGNED
ni, 3.	SIGNATURE // COLONIA	_M.D. CHIEF MEDICAL EXAMINER [
	EXAMINER'S S	ASSISTANT MEDICAL EXAMINER
	NAME (Type) A/7/- Not/1/10 2	DEPUTY MEDICAL EXAMINER 3
	270 BURIAL CREMATION, 726. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City, town, or county) (Stote)
	GRIMOVAL (Specify) SEPT. 18-19/5 FAIRVIEW C.	FINETERY KEEDUSHILL WASH, CANID
	23 FUNERAL PIRECTOR'S SIGNATURE ADDRESS	246 REC'D BY REGISTRARI 246. REGISTRAR'S SIGNATURE
	1 Struck Dast 1200AISBORD	MD. DATE SEP 21 '60 Cultury & Trans
		WAIE WEST

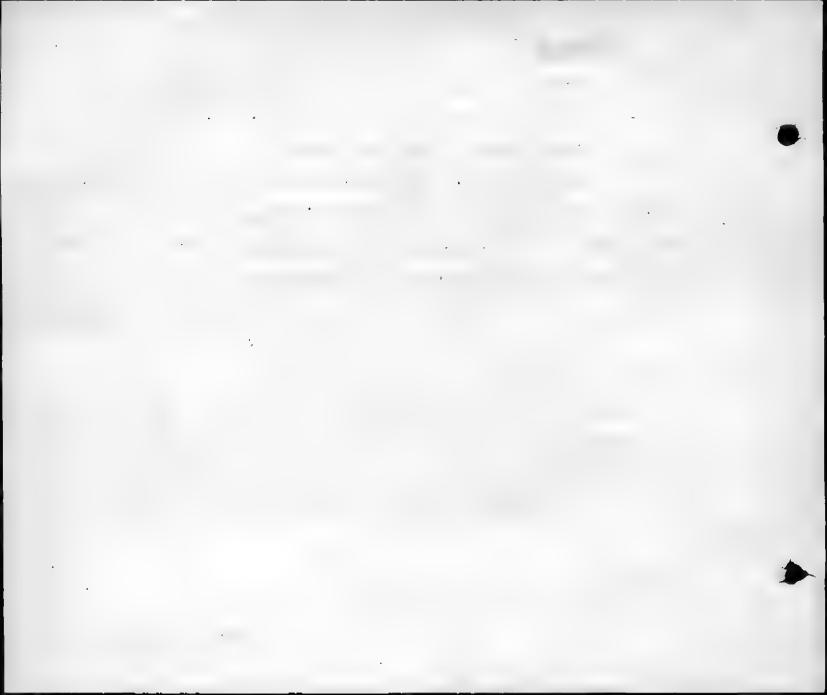


ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour

er deoth. Page 4

TO HOSPITAL	may be refor	poge 3 shauli	the State Boa	
VR ATS (4) 15M 9/S9				

-		
1,	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived if institution- Residence before admission) a. STATE b. COUNTY
<u> </u>	WASHINGTON MARYLA	MASHINGTON
	b. CITY OR TOWN (IF ausside carporate limits, write RURAL and give nearest tawn)	1b C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
L	TEEDUSVILLIF ZCYEARS	KEEDYSVILLE
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	KEEDYSVILLE MD.	KEEDYSVILLE MID YES NO X
	NAME OF DECEASED Middle	Lost 4. DATE Month Day Year
	(Type or print) TOV ALLEN	HAMNIOND DEATH SEPTEMBER- 25- 1960
S.	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED	9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. (ast birthday) Manths Days Hours Min
	MALE VVHITE WIDOWED DIVORCED	MAY.10. 1908 52 m 4 15
100	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR during most of working life, even if retired)	INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
C	ARAGE OPERATOR OWN GARA	CE BAKERSVILLE WASH, CO. VID. U.S.A
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
L	FRANK A. HAMMOND	VERNIE COCHRANE
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO.	17, INFORMANT Address
L	NO: 220-05-6696	MRS. LELA HAMMOND KEEPUSYICLE MD
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	ea Stersmorzes -
	DUE TO	
	Canditians, if any, which) (b)	<i>y</i>
	gave rise to immediate cause (a), stating the under-	
	lying cause last.	
z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
CATION		YES NO
CERTIFIC		CURRED. (Enter nature of injury in Port I or Part II of item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
WEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 21	De. PLACE OF .NJURY (Hame, farm, 20f. (City or town) (Caunty) (State) factory, street, affice bldg., etc.)
MED	Haur a, m P m, 19 While Not while at wark at wark	delay, siser, office blogs, etc.)
	2) I certify that (I) (this haspital) attended the deceased fr	ram SLED FS 1966, to Step FS 1966 that (1) (we) last
		hat death accurred at A.M. from the causes and on the date stated above.
	22a. SIGNATURE	/2/20 DATE
	Jul Ill ar	M.D. ATTENDING MED. STAFF
1	22c PHYSICIAN'S A 1/1/10/	22d. ADDRESS
	NAME (Type) G-WIELG 27	120 moloro file
	G. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET	ERY OR CREMATORY 23d LOCATION (City, tawn, or caunty) (State)
27	PREMOVAL (Specify) SEPT-27,19(c) BOONS13	ORO CEMETERY BOONS BOON MASH, CO. NID.
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Value H. Bast Brows Bo	KO XID DATOCT 3 '60 Orthur S. Kruns



MARYLAND STATE DEPARTMENT OF HEADIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE CERTIFICATE OF DEATH	ALTH 1, MARYLAND 107
2 USUAL RESIDENCE (Where dece	assed lived. If institutions Residence before admission

_	ACE OF DEATH COUNTY WASHINGTON	2 USUAL RESIDENCE (Where deceased lived if institution: Residence is STATE MATYLAND b. COUNTWASHT	e before admission) NGTON						
ì	CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 TAGERS TOWN) 35 YRS.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN							
7	NAME OF HOSPITAL (IF not in hospital, give street address) ASPITAL	1232 E. FRANKLIN ST.	e. IS RESIDENCE ON A FARM? YES NO Z						
	CEASED GAIL First MARIE MIDDLE	HAYS 4. DATE Month SEPTEMBER	Day Year 16 1960						
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED X	B. DATE OF BIRTH 6/6/1898 9 AGE (In years list birthday) 62 yrs IF UNDER Months	1 YEAR IF UNDER 24 HRS Days Hours Min.						
E	USUA. OCCUPATION (Give kind of work done) Inving most of working life, even if retired) HOUSEWIFE HOME	PENNSYLVANIA	TEN OF WHAT COUNTRY						
	JOHN W. M. YEATES	ELIZA JANE CLOPPER							
4,	AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. (If yes, give war or dates of service) 220-10-3385	MR. ORVILLE C. HAYS	•						
	B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ADRENAL GLAN	D DEGENERATION	INTERVAL BETWEEN						
	Conditions, if any, which) DUE TO CARCINOMATOSI	S GENERALIZED	UNKNOWN						
(gove rise to immediate (OF THE BREAST, RIGHT	5 YEARS						
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY NONE	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	1(a) 19 WAS AUTOPSY PERFORMED? YES NO						
R	0g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURI OR CONTRIBUTING CAUSE OF DEATH F EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature af injury in Part I or Part II of item 18.)							
c	Oc. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. Hour a m	LACE OF INJURY (Home, form, 20f (City or town) (Cactary, street, affice bldg., etc.)	ounty) (State						
i.	at. I certify that (I) (this haspital) attended the deceased fram		O, that (I) (we) last						
24	Cachi Rober Coter	M.D. ATTENDING MED STAFF PHYS.	09/18/96						
226 PHYSICIAN'S NAME (Type)ARCHIE ROBERT COHEN, M.D. 22d. ADDRESS CLEAR SPRING, MARYLA									
	SURIAL, CREMAT ON, 236 DATE THEREOF 236. NAME OF CEMETERY REMOVAD (SPECIFY) 9/18/60 SHANKS CH		(Stote) PENNA						
D KRE C	Conditions, if any, which gave rise to immediate couse (a), stating the under lying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE NONE Od. ACCIDENT WAS UNDERLYING AND PROPERTY MEDICAL EXAMINER) Oc. TIME OF INJURY Manth, Day, Year 19 While at work	S GENERALIZED OF THE BREAST, RIG T NOT RELATED TO THE TERMINAL DISEASE CONDI ED. (Enter nature of injury in Part I or Part II of ite LACE OF INJURY (Home, form, 20f (City or town octory, street, affice bldg., etc.) APRIL 30, 1256, 1256, 155PT death accurred at	ition given in PAR im 18.) (Co. 16 , 196 iuses and an the						

Fer death. Page 4 TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 how the death. Page 4 may be revoluted by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death. VR A15 (4) 1SM 9/59



1, PLACE OF DEATH a. COUNTY		MARYLAND	2. USUAL RESIDE	NCE (Where dec	ceased lived If institu		ore admission)
Washington			Maryla		Washing		
 b. CITY OR TOWN (if outside corpor RURAL and give nearest town) 	ote limits, write c. LENC	OTH OF STAY IN 16	CITY OR TO	WN (If outside (corporate limits, write	RURAL and give no	acrest lown)
Hagerstown		l Yr		gerstow	n		
d NAME OF HOSPITAL (If not in hos OR INSTITUTION	spital, give street address)		d. STREET AD				e. IS RESIDENCE
103 East How	ard St		103 E	ast Ho	ward gt		YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. D/		onth D	ay Year
(Type or print) JACOB	BURKET	T	HOSE		ATH Septen	ber 4 1	960 19
5 SEX 6. COLOR OR	RACE 7. MARRIED 1	NEVER MARRIED	8 DATE OF BIRTH		9. AGE (In year lost birthday		R IF UNDER 24 HI
Male Whi	te WIDOWED	DIVORCED [November	18 18	81 78 y		Hours Min
10a USUAL OCCUPATION (Give kind o	f work done 10b. KIND OF	BUSINESS OR INDU				12 CITIZEN C	F WHAT COUNTR
during most of working life, even if Mill wright		r Produc	te W111e	ons Wa	sh Co Md	US	A
13. FATHER'S NAME	1.2000		14. MOTHER'S N		D11 00 200		
John A. Hos	۵		Sara	h Hars	ah		
15. WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16. SOCIAL	SECURITY NO. 17. I	NFORMANT	444 444 7 6		ddress	
(Yes, no, or unknown) (If yes, give war or	214-09	- all Min	s Hilda	J. Bak	er 819 M	lower] and	A
18. CAUSE OF DEATH [Enter only			B HILLUA	Hagers	Stown Vo	IN.	TERVA. RETWEEN
PART I. DEATH WAS CAUSE		, tot old telet	ot.	CA	0- 0	ÖN	2 aug
IMMEDIATE CA	AUSE (o)	manan	y liver	y De	renusi	2	2 mays
1 1	DUE TO	. N.	5000	5-1	1000		
Conditions, if any, which gove rise to immediate	(b)	resall	300	WILL	moscie	moses	
cause (a), stating the under-	DUE TO		U				
lying couse last.	(c)						
PART II. OTHER SIGNIFICAN	IT CONDITIONS CONTRIBE	JTING TO DEATH BUT	NOT RELATED TO I	HETERMINAL DI	SEASE CONDITION C	SIVEN IN PART I(a)	PERFORMED?
AS .	yelon	uptin	us.				YES NO
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	F () 206. DESCRIBE HO DEATH NINER)	OW INJURY OCCURRE	ED (Enter nature of	injury in Port I o	or Port II of item 18.)		
3 20c TIME OF INJURY Month, De	y, Year 20d. INJURY O		ACE OF INJURY (H		(City or town)	(County	r) (Sto
ZOC TIME OF INJURY Month, Do	19 While No	t white	ictory, street, affice b	oldg, etc			
			CIA	10/00	9/4	1060	5 = 4 (f) (= 2)
21 I certify that (I) (this ha	0.7	A 2		1030	.10		hat (I) (we) lo
saw the deceased olive on 220. SIGNATURE	1-10-17	Lerson and that	dearn accurred	OF VER M. TI	rom the causes o	ond on the dot	22b DATE
Kober	/ Lamp	bell	M D PHYS	MED DIRECTOR	R STAFF		9/6/60
22c PHYS CIAN'S NAME (Type)	TVLC	ampho	22d ADDRES	s 11/11/a	cl. mala	12 ST 6	126ERS
23a. BURIAL, CREMATION 23b DATE	THEREOF 230 M	AME OF CEMETERY	OR CREMATORY	234 1	OCATION (City, town	or county)	(State)
REMOVAL (Specify)		**				TET 1	11.3
Buria, 1 9/7/ 24. FUNERAL DIRECTOR'S SIGNATURE	60 Ro	BE HILL	Ceme tery	250 REC'D BY R		Wash Co	IRF
"	man Hagers			DATE SEP 9	.00	idhun & Ku	
Harren on Tre ACTT	durant secretary	ACALLTT WITE		DAIL		22 1 MB, 1 MM	



MARYLAND STATE DEPARTMENT OF HEALTH 10 POWINGON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10760

		31-25									
		PLACE OF DEATH O COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission)								
١,	(WASHING-TON MARYLAND	ANAKYLAND. WASHINGTON								
	I	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town)								
		RURAL and give nearest town) HACE (2STNWN 17 DAUS	BOUNS BOKO								
d.		d. NAME OF HOSPITAL (if not in hospital, give street address)	d. STREET ADDRESS IS RESIDENCE								
1		WASH, CO. HOSPITIAL	1120 N. MAIN ST. YES NO DE								
40	3 1	NAME OF First Middle	Last 4 DATE Month Day Year								
		(Type or print) ANNA-	UFFER DEATH SEPTEMBER - 9 1960								
	5. 9	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS								
	T	The state of the s	AARCH. 3, 1883 lost birthdoy) Months Days Hours Min.								
	10o	O. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTR									
		during most of working life, even if retired)									
1	_	HOUSE WIFE OWN HOME	MUERSVILLE FREP. CO. MD. U.S.A.								
1	٦.	. FAIREKS NAME	14. MOTHER 3 MAIDEN NAME								
١	/_	CARLTON Y. KOUTZAHN	CHARLOTTE E. YOUNG								
		es. no, or unknown) (If yes, give war or dates of service	Address NAN 57								
	Щ	NO NONE FLA	MER C. HUFFER RICKS 5 30 MM								
		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN								
		PART I DEATH WAS CAUSED BY: Houte for	To wit of								
		DUE TO									
		Condition Wash which									
		gove rise to immediate									
		couse (a), stating the <u>under-</u> lying couse last. (c)									
	z	. (4)	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY								
•	CERTIFICATION	Transfer administrations contained to bear But in	PERFORMED?								
Į.	Į.	10.2.00	YES NO E.								
	ERTI	200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Port I or Port II of item 18)								
			i radia fice o								
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACI	E OF INJURY (Home, form, 20f (City or town) (County) (State) (y, street, office bldg., etc.)								
	MEC	Hour am 8 22 19 50 While Not while of work of Work	Brown to ALLEN								
		21 I certify that (1) (this haspital) attended the deceased fram.	8 33 . 12 5 , ta 9 - 7 - , 19.0 c , that (1) (we) last								
			oth occurred of 135 AAT from the couses and on the date stated above.								
		22o. SIGNATURE	22b DATE								
		of les e ven	D. ATTENDING MED STAFF 9/10/60 SIGNED								
		22c PHYSICIAN'S	22d. ADDRESS 21 North Main St.								
		NAME (Type) Joseph Secondari	Boonsporo, ar land								
	230	B BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR C									
		TREMOVAL (Specify) Short 12 1010 12	(4)								
	2	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	CMETERY CONSPORT WASH, COMD.								
	ZA	1.11 881 22 4 22	GED 1 4 100								
		- JOHN Y.I. WASI DOONSBOKO MIU	DATE SEP 19 60 Circling of Krana								

DR. SEROMERICI er death. Page 4 may be renothed by the hospital ar otherwing physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 should be detached for use as the burial-fransit mermit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours ofter death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour TO HOSPITAL VR A1S (4) 1SM 9/S9



10761

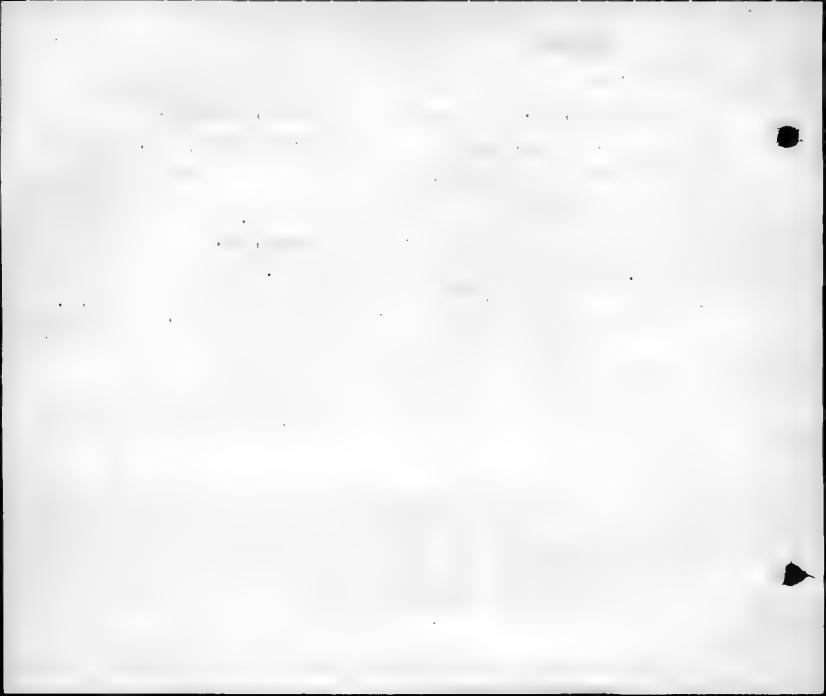
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-												•
	PLACE OF DEATH	ngten		MAR	YLAND	2. USUAL RESIDEN	ICE (Where dece	osed lived. If institut b. COUNT		e befor	e admissi	ion)
	RURAL ond give ne	TO 100 - 100	sts, write	c LENGTH OF STAY	IN 1b	c. CITY OR TOV	VN (If outside co	rporote limits, write	RURAL ond g	ive nea	rest town	1)
,	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, c	give street o	45 yrs		d. STREET ADD	4	and Africa Side	• ``	1	e. IS RES	IDENCE FARM?
4	67 Penna As	re Hagerst	own M	ld		663 P	ennsyl	varia, A	YP.		YES 🗌	NO 🗌
	NAME OF	Fi	rst	Middle	3	Lost	4. DAI	-	oth	Da		Yeor
-	(Type or print)	LA COLOR OR PACE	_	resista		Kes 58	DEA	9 AGE (In yeors	IF UNDER	LVEAR		19 6 U
1		6. COLOR OR RACE					3.07.4	lost birthdoy)	Months	Days	Hours	Min
-	On HELIAN OCCUPATION	Colorea	WIDOWE			June 27	FRTS.	♣® ↓ C yn		7511.05	WHAT	OUNTRY
1		ing life, even if retired)			1		n country)		SA	TTRALC	OUNIKI
1	Aircraft we	orker	Fai	rchild Ai	rcrai	114. MOTHER'S MA	1 2 2 2	NICE OF	0,	OH.		
4		V h					a R. Le	wis				
1	John H. 3		CES2 1A S	OCIAL SECURITY NO	17 INE	ORMANT	Let Ita Do		dress			
	(Yits, no or unknown)	If yes, give war or dotes of s	reuxios)	+-09-21.09		-	: 663 PA	nna Ave I		town	n.Md.	
ŀ	NO TIP CAUSE OF DEA	PU IT-A	9-2			Hie Read	3 007 10		* ~ 6 ~ 2 ~		RVAL BE	
1		TH [Enter only one co TH WAS CAUSED BY		(c)	· J	6.0	00.			ONS	ET AND	DEATH
1		IMMEDIATE CAUSE (c		con	-Un	y ac	Car.	Leur		3.	3 min	
H- O DUE TO												
1	Conditions, if or)							+-		
1	couse (a), stating											
	lying couse lost.) (c							10 10 10 10 10 10 10 10 10 10 10 10 10 1			
	PART II. OTH	IER SIGNIFICANT CON	IDITIONS CO	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO TH	TE TERMINAL DISI	ASE CONDITION G	VEN IN PART	1 (a) 1	PERFO	RMED?
		leusive	CIV	Deseas	~ j /	Cheuma	lic ARC	in Dive	ioe_		YES 🗌	ио 🔀
200 ACCURENT WAS UNDERLYING DO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF THE INTERPRETATION OF THE INTURE OF THE IN												
		Y Month, Day, Ye	1	JURY OCCURRED	20e. PLA	CE OF INJURY (Horory, street, office bi	me, form, 20f (City or town)	{C	ounty)		(Stote
Н	Hour a.m.	19	While of work	Not while	100	sry, street, office of	ag., etc./		,			
	21 I certify tha	t (1) (this haspita	I) attende	ed the deceased	fram	5/8/	D. 19t	9/8/	EC 19	th	ot (I) 6	wal last
1	saw the deceas		8/17					m the causes a				
	22o. SIGNATURE	11.11	V-/	/ O	i iligi de	dir decorred (112 <u>-1,111, 111</u>	an the cooses of	nd on me	duic		b. DATE
	Kobe	w Vh Ca	mil.	spell	M	D. PHYS.	MED. DIRECTOR	STAFF PHYS.		9/9/6/ SIGNED		
	22c. PHYSICIAN'S NAME (Type)	RoberT	V.h.	Camp	hell	22d. ADDRESS	gensto	- www	md			
	3a. BURIAL, CREMATIO	N, 236 DATE THEREC	OF .	23c. NAME OF CEA	AETERY OR	CREMATORY	23d LC	CATION (City, town,	or county)		(Stot	e)
	REMOVAL (Specify) Burnal	Sep 13/60)	Rose Hill	Ceme	te 'y	Ha	agerstown,	Md			
1	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		2:	So. REC'D BY RE	GISTRAR 256, REG	ISTRAR'S SIC			
	Tolan R	Wortson	Qa!	Vac enti	ארואר	711000	SEP 1 5	(p)	thun S.	thin	4	

er death. Page 4 director, may be reto. 33 by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the figge 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauthe State Board of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. ATTENBING EHYSICHEN: The law requires that the death certificate be executed within 24 hav.

TO HOSPITAL VR A15 (4) 1SM II/S9



CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 16

years

7. MARRIED IN NEVER MARRIED

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY,) 1. BIRTHPLACE (State or foreign country)

Own Home

Middle

Ellen.

Marvland

/d. STREET ADDRESS

Kelsh

B. DATE OF BIRTH

e. IS RESIDENCE ON A FARM?

IF UNDER 1 YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY?

U.S.A.

YES NO T

19 60

Washington Co.

Sent.

Months

2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)

c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

9. AGE (In years lost birthdoy)

Lelyrs.

Hagerstown

633 Pennsylvania Ave.

DEATH

4. DATE OF

Amherst , Virignia

λq FUNERAL DIR

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Florence Grubbs Huston Slaughter IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address 633 Pennsylvania Ave. Robert Kelsh 215-14-2165 No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 2 luo IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 PERFORMED? YES A NO T 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of Item 18.) 20c TIME OF INJURY Month, 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while at work at work 19 60 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 1900, and that death accurred at 41 M, from the causes and an the date stated above. S GNED ATTENDING PHYS MED DIRECTOR STAFF PHYS M.D. 22c PHYSICIAN'S 22d ADDRESS Philip J. Hirshman, M.D. 159 W. Washington St., Hagerstown, 23a BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) REMOVAL (Specify) Rose Hill Cemetery Hagerstown . Maryland .960 9 25b. REGISTRAR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR VR A15 (4)



PLACE OF DEATH

OR INSTITUTION

Housewife

a. COUNTY

NAME OF DECEASED

Female

(Type or print)

10769

Washington

d. NAME OF HOSPITAL (If not in hospital, give street address)

6. COLOR OR RACE

Color

during most of working life, even if retired)

Pennsylvania Ave.

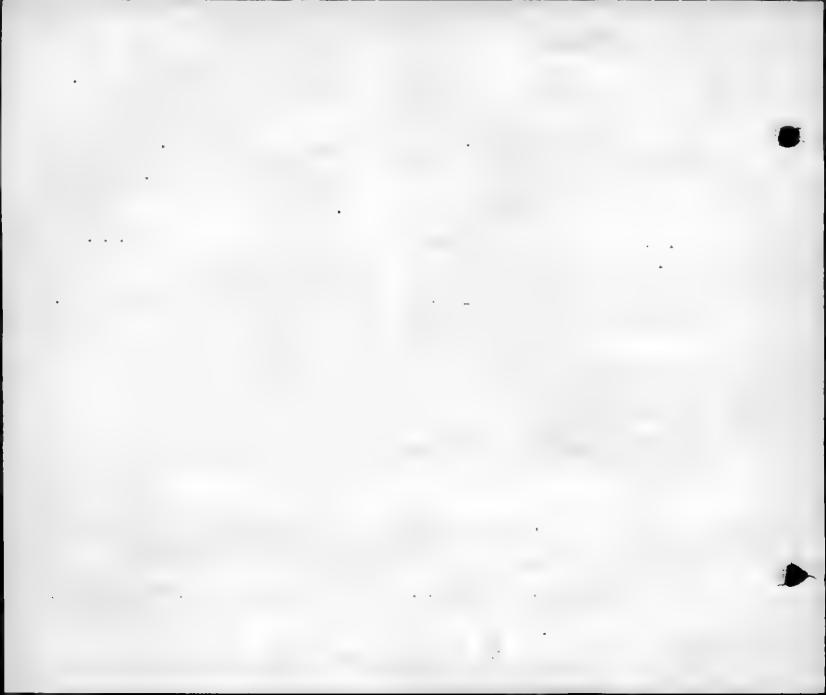
First

WIDOWED |

b. CITY OR TOWN (If outside corporate limits, write

RURAL and give nearest town)

Hagerstown



2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) b. COUNTY WASHINGTON c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) HAGERSTOWN e. IS RESIDENCE ON A FARME KUHN AVE. YES NO P 4. DATE Month Day Year SEPTEMBER DEATH 3 19 -60 IF UNDER 1 YEAR IF UNDER 24 HRS 9 AGE (In years lost birthdoy) Months Days Hours 12. CITIZEN OF WHAT COUNTRY? MARYLAND U.S.A 14. MOTHER'S MAIDEN NAME CAROLINE SHUPP 17 INFORMANT H_PPH MR. HARRY INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 7 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) foctory, street, office bldg., etc.)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18)

20d. INJURY OCCURRED

of work

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Year Hour o. m.

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which

gove rise to immediate

cause (o), stating the under-

p. m.

saw the deceased alive an

lying cause lost.

22a. SIGNATURE

22c PHYSICIAN'S

Weeks. M.D.

While Not while of work

NONE

ATTENDING

22d ADDRESS

19

o to ma c

250 REC'D BY REGISTRAR

ta_____, 19___, that (I) (we) last and that death accurred at ISSIM, from the causes and an the date stated above

22b, DATE SIGNED

(Stote)

23a BUR AL, CREMATION

NO

23b. DATE THEREOF

IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO

IMMEDIATE CAUSE (a)

18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]

DUE TO

DUE TO

(c)

21 I certify that (I) (this haspital) attended the deceased fram....

23c NAME OF CEMETERY OR CREMATORY

ROSE

PHYS M D

> 23d LOCATION (City, town, or county) HAGERSTOWN

STAFF PHYS

256, REGISTRAR'S SIGNATURE

St. , Hagerstown . Md .

CERTIFICATION

/15/60 24. FUNERAL DIRECTOR'S SIGMATURE

Howard

SEP 1 5 '60 DATE

circling L. Thousa

VR A15 (4) 1SM 9/S9

TO FUNERAL DIRECTOR:

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3 shauld

Board

page 3 sh the State I

funeral

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attending physician.

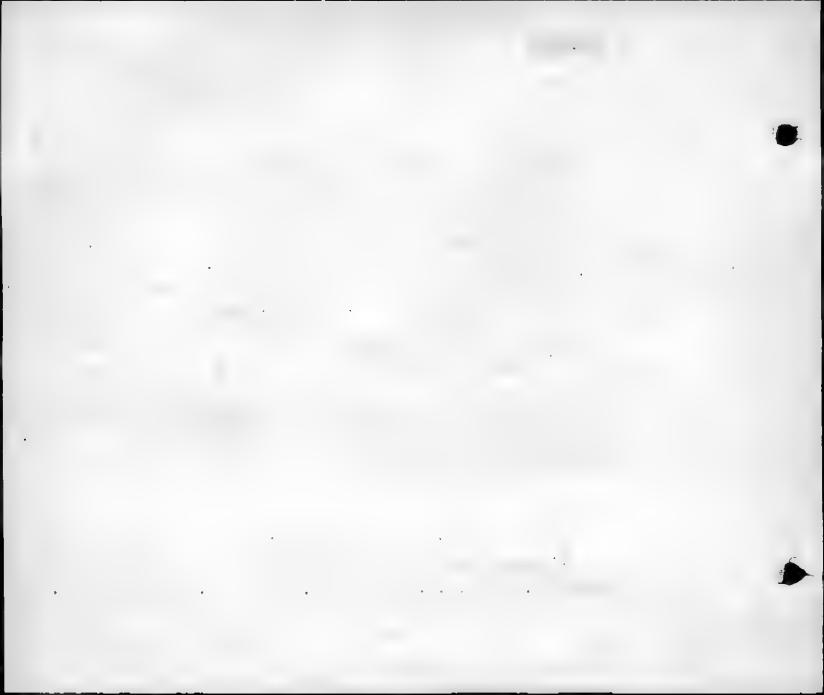
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cremation,



in by the funeral director, and 2 should be filed with

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Poges 1

popers

hours ofter death

eve

physician and completely filled

death. Page 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour

	PLACE OF DEATH				2	USUAL RESIDE	NCE (Wh	ere deceased			Residence	before od	lmission)		
o. COUNTY Washington MARYLAND					AND	* STATE Maryland b. COUNTY Washington									
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Lweek						c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
						Sharr	Bbu	rg 1	ld. (Rura	al)				
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION						STREET AD	DRESS					e. 15	RESIDENCE		
Washington ounty Hospital						Sharpsburg YES NO [
3.	NAME OF DECEASED	Fir	s)	Middle		Lost		4. DATE		Month		Day	Year		
	(Type or print)	John		Olan	Lj	skey		OF DEATH	S	ept.		20	1960		
5 5	SEX	6. COLOR OR RACE	7 MARR	IED NEVER MARRIED	8. 0	ATE OF BIRTH			9. AGE (In				INDER 24 HRS		
	Male	White	WIDOWI	DIVORCED		ov. 20	188	88	lost birth	yrs.	Aonths De	ays Ho	urs Min.		
10o	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR				or foreign o	ountry)		12. CITIZE	N OF WH	AT COUNTRY?		
	Labor	ing life, even if retired	'	Farm		Harri	senl	burg	Va.		U.	S.A	1		
13.	FATHER'S NAME				1	4. MOTHER'S N	AAIDEN N	IAME			1				
	Joh	m Liskey				Kat	ie l	Ward							
15	WAS DECEASED EVER	IN U. S ARMED FOR	CES? 16	SOCIAL SECURITY NO.	17 INFO	and the same of th				Address	3				
(IB	No I	f yes, gave war or dates of a	22	20 30 918	Mr.	Aller	ı F.	Lisl	cey S	harı	sbur	g Me	i.		
	18 CAUSE OF DEAT	TH Enter only one co	use per lu	ne for (a), (b), and (c)]				1				INTERVA	L BETWEEN		
	PART I. DEAT	TH WAS CAUSED BY- IMMEDIATE CAUSE (o	, 6	ougesti	VL	heart	_	la-	lur	<u>_</u>		6 L	un the		
	720.	DUE TO		0		,	-	0		•					
	Conditions, if any, which) (b) Arkero-Jelerate Cheart Discre														
	gove rise to in	nmediote (
	couse (a), stating t lying couse lost.	ne under-	3												
ő	PART II. OTH	ER SIGNIFICANT CON	DITIONS (ONTRIBUTING TO DEA	TH BUT NO	T RELATED TO T	HE TERMI	NAL DISEAS	E CONDITIO	ON GIVEN	I IN PART	(o) 19 W	AS AUTOPSY		
CATION		chro	"c	glow	erul	20- W	1. h	riti	2:				REFORMED?		
CERTIFIC	20g ACCIDENT WA	S UNDERLYING	20b. DES	RIBE HOW INJURY OC	CURRED. (inter nature of	injury in f	Port I or Por	1 II of item	18 }					
	(IF EITHER, NOTIFY	S UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)													
CAL		Month, Doy, Ye	ar 20d II	NJURY OCCURRED	20e. PLACE	OF INJURY (H	ome, form	20f (City	or lown)		(Cou	unly)	(Slate)		
MEDICAL	Hour a.m.	19	While of wor	Not while	TOCION	, street, office I	oldg , etc.	.)							
-		/// /shis hasnisa	11			1-14	10	60 to	9	20.	1066	O that ((I) (we) last		
	saw the decease		3-50	led the deceased to 19 60, and											
	220. SIGNATURE	a dive on			inai aea	in accurred	01:323	Wt, IFOIII	The cous	es ana	on the c	Jaie sia	22b DATE		
		Flew	Na	ri	M.D	ATTENDING PHYS	ME DI	ED RECTOR	STAFF PHYS [SIGNED		
	22c PHYSICIAN'S		C.E.	- mc > 10 T		22d. ADDRES					1.0				
	TVAINE (Type)	OSEPH	200	ONDAI	-(200	NSI	BUR	0	MD	-			
23c	BURIAL, CREMATION	V. 236_DATE THEREC)F	23c NAME OF CEME	TERY OR C	REMATORY		23d LOCA	TION (City,	town, or	county)		(Stote)		
1	Burial	Sept. 2	3-60	Bakersvi	lle	Cemete	ery	Bake	rsvi	lle	Md.				
	FUNERAL DIRECTOR'S	SIGNATURE	2,2	ADDRESS	1 -	2011:	250 REC'I	D BY REGIST	TRAR 25E	, REGISTS	RAR'S SIGN				
1	lucity.	Xeal C	U-C	Klemoso	21 1	led	DATE SE	EP 26 1	60	Chil	Lun 2. 1	teated			

may be retained. By the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending page 3 should be detached for use as the buriol-transit permit. Then please the Stille Board of Health prior to buriol, cremation, or removal, and in any every VR A15 (4) 15M 9/59



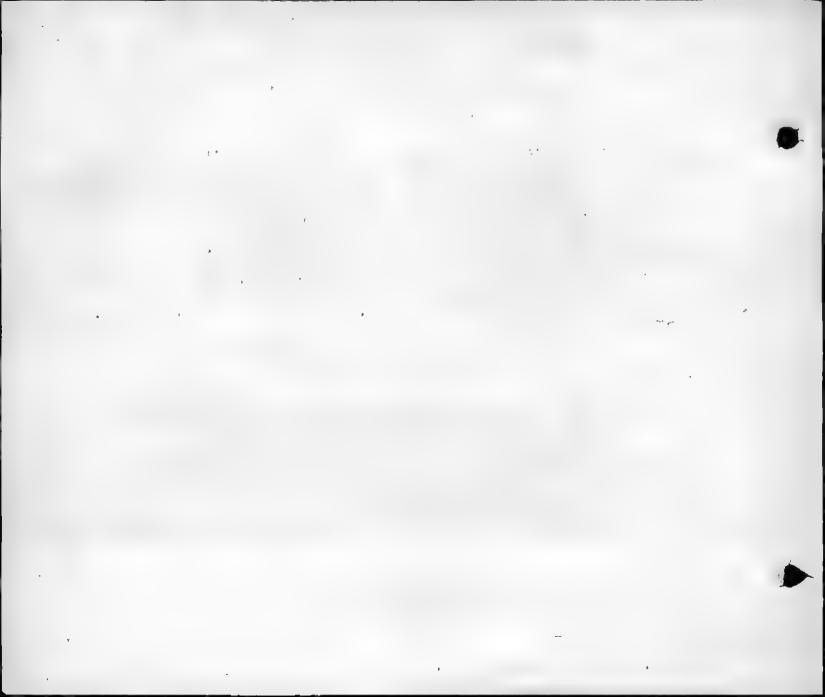
Poge deoth, death certificate 0

VS A15 (4)

15M 10/57

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Washington c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn) e IS RESIDENCE ON A FARM? YES NO TO Month Year 19 9. AGE (In years lost b rthday) IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days 12. CITIZEN OF WHAT COUNTRY USA Address Hagerstown, Md. INTERVAL BETWEEN ONSET AND DEATH 77-1 N WAS ALTOPSY PERFORMED? YES [T] NO Z (County) (State) , 1960, to SPP+-21 , 1960, that I last saw the deceased and that death accurred at 6.40 A.M. from the causes and an the date stated above ADDRESS (Street, city or town, state) 22d LOCATION (City, town, or county) (Stote) Rest Haven burial Hagerstown Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR'S SIGNATURE 24a REC'D BY REGISTRAR Fred W. Kraiss DATSEP 2 6 '60 Hagerstown, Md. arthur & Hamed

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



IS RESIDENCE ON A FARM?

YES 🔲 NO 🗀

Year

19

MD.

PERFORMED? YES NO TO

(State)

(State)

INTERVAL BETWEEN ONSET AND DEATH

Days

(County)

MD.

archer & France

U.S.A

CERTIFICATE OF DEATH

1, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) D. COUNTY b. COUNTY WASHINGTON MARYLAND WASHINGTON c cCITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b WEEK RURAL HAGERSTOWN d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS HAGERSTOWN RT.#3 COUNTY HOSPITAL NAME OF Middle 4. DATE First Month (Type or print) CHARLES WASHINGTON DEATH MAY SEPTEMBER MBER 17 19 60. B. DATE OF BIRTH AGE (In years 6. COLOR OR RACE MARRIED A NEVER MARRIED last birthdoy) 80 yrs. Months MALE WHITE DIVORCED [WIDOWED [12. CITIZEN OF WHAT COUNTRY? 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) HOUSE CONST. MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM MAY LAURA AMBROSE 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. no_or unknown] MRS. ANNIE NONE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) limelus Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying cause last. IAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Doy, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) o. m. While Not while at work 🔲 at work 21. I certify that (I) (this haspital) attended the deceased framulation 1957, to Land, 17, 1960 that (1) (we) last QU and that death accurred a Jam, from the causes and on the date stated above. saw the deceased alive an 22a SIGNATI ATTENDING M.D PHYS 22¢ PHYSICIAN'S 22d ADDRESS NAME (Type) 230 BUR AL CREMATION, 236 DATE THEREOL 23c NAME OF CEMETERY OR CREMATORY ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 29h. REGISTRAR'S SIGNATURE

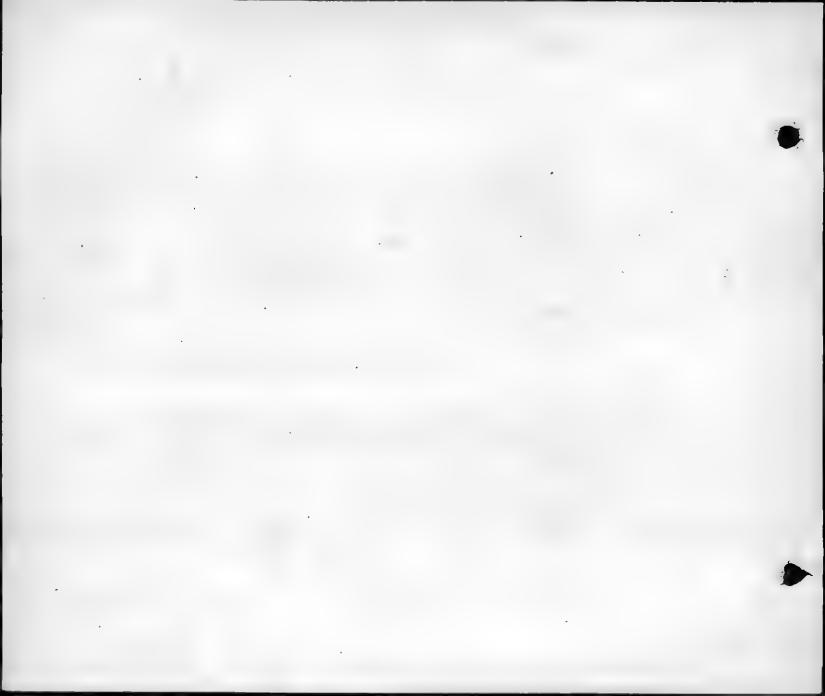
should .≘ filled Pages papers. a gue carbon physician remave offending please signed Per burial-fransit has been certificate FUMERAL DIMECTION age 3 shau d be dista ρχ

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director

era

9 VR A15 (4) 15M 9/59



TO HOSPITAL

VR A1S [4] 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10767

			QEICH IN	97~ t L	OI DEATH						
	1. PLACE OF DEATH	**		2	USUAL RESIDENCE (WI	here deceased		n: Residenc	e before adm	ission)	
١	* COUNTY Washington		MARYLAI	ND	Maryland b. COUNTY Washington						
	 CITY OR TOWN (If autside corporate lin RURAL and give neorest town) 	nits, write c LE	ENGTH OF STAY IN	1Ь	CITY OR TOWN (If	outside corpor	ote limits, write RI	URAL ond g	ive nearest to	wn)	
	nagerstown		2 days			gerstow	n				
	d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION		ss)		d. STREET ADDRESS				e. 15 R ON	A FARM?	
	Washington County Ho	spital			825 Wirgir	nia Ave	•		YES	NO 🔀	
	DECEASED	First	Middle		Lost	4. DATE	Mon	th	Day	Year	
	(Type or print) STEPHEN		CRAIG		MAYES	DEATH	Septem		14	19 60	
	S SEX 6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	Later III	ATE OF BIRTH		9, AGE (In years last birthday)		Days Hour	-	
	Male White	WIDOWED	DIVORCED [ptember 11,		yrs	<u></u>	2		
	10a USJAL OCCUPATION (Give kind of world during most of working life, even if retire	k dane 10b KIND adj	OF BUSINESS OR I	NDUSTRY					ZEN OF WHA	COUNTRY?	
	none			- 1-	Hagerstown		rland	U.	S.A.		
	13. FATHER'S NAME			1	. MOTHER'S MAIDEN I		C) 00				
	Richard Pa	<u> </u>		12 101501		er L.	Shaffer				
	15. WAS DECEASED EVER IN U.S. ARMED FO	I service,		17, INFOR		T	Addr		J 1		
	no		none	_ n <u>ı</u>	chard P. Ma	iyes n	lagerstow	n, ma	ryland		
	1B CAUSE OF DEATH [Enter only one of PART I. DEATH WAS CAUSED BY		(o). (b), and (c)	+	1				ONSET AN	ID DEATH	
	IMMEDIATE CAUSE	(0)	June-	JUL.					2 8	10072	
	DUE 1	0	(1/-	- X	4					Ø.	
	gove rise to immediate f	(6)	Tun	are	My				-		
	cause (a), stating the under-				7						
		(c)	RIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19 WA	S AUTOPSY	
	PART II OTHER SIGNIFICANT CO								PERI	FORMED?	
	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE	HOW INJURY OCC	URRED (E	nter nature af injury in	Port I or Port	It of item 18)				
	OR CONTRIBUTING CAUSE OF DEATH	H H									
	3 20c. TIME OF INJURY Month, Day, 1	fear 20d INJURY	OCCURRED 20		OF INJURY (Home, form		or fown)	(C	ounty)	(Stote)	
	20c. TIME OF INJURY Month, Day, 19 Hour o. m., 19 p. m. 19		Not while of work	fectory	, street, office bldg., etc	:-)					
	21 1 certify that (I) (this hospit		he deceased for	m 97	11/60 19	ta	9/13/60	10	that (I)	Jugh last	
	saw the deceased alive an 9	170100			, A		the causes an				
	220 SIGNATURE	11.11	7, 1	ui oeui	I occurred at 122		ine caoses an	d dii ille		22b. DATE	
	the d'	U- WEH	Bull.	M D	ATTENDING M	IRECTOR	STAFF PHYS	- marker	9/16/	60 a	
	22c. PHYSICIAN'S		_		22d ADDRESS			33	-		
	NAME (Type Howard N.	Weeks,	M.D.		136 N.Po	tomac	String	gers	town,	Md M-	
	23a BURIAL, CREMATION, 23b. DATE THER	EOF 23c	NAME OF CEMETE	RY OR CI	REMATORY	23d LOCAT	ION (C hy	Non-Barrier 1	(5	idel	
	Burtal 9/16/19	960 F	Rest Haver	Cem	etery	Hage	rstown	Mary	land .	. " 13	
	24 EUNERAL DIRECTOR'S SIGNATURE		ADDRESS			D BY REGIST	RAR 25b. REGIS	STRAR'S SIC	SNATURE"	1 th 1 1	

Hagerstown, Md.

DATE SEP 2 0 '60



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

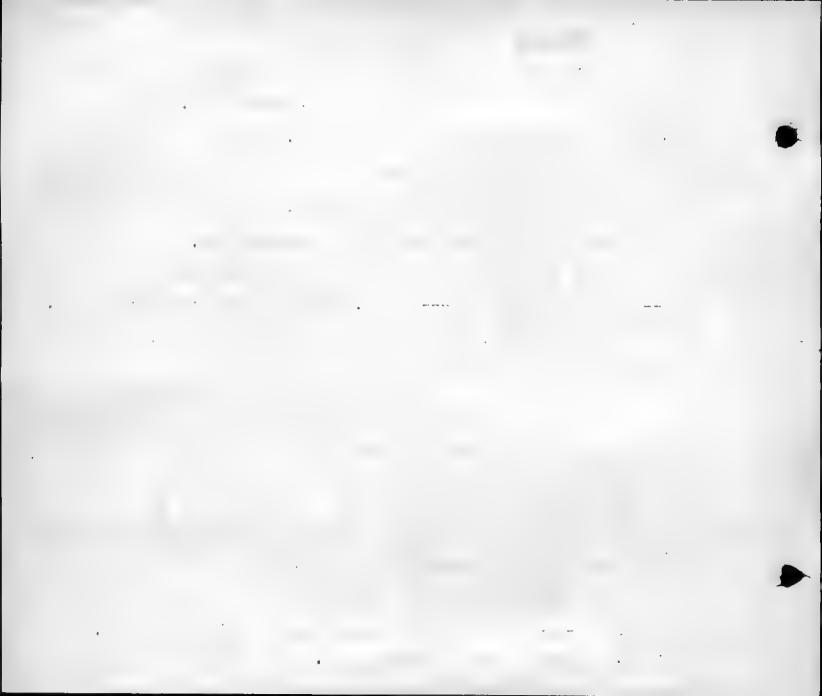
CERTIFICATE OF DEATH

10768

may be resolved by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.	M)	1. 6	LACE OF
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may be repaired by the hospital or attending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely fille page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 hours ofter death.			PA
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may be read, set by the haspital or attending physicion. O FUNERAL DIRECTOR: After this certificate has been sit page 3 should be detached for use as the burial-transit the State Board of Health prior to burial, cremation, or r	1		22c PHYS NAM
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moy be retained for FUNERAL poge 3 shout the Stote Boo		230	BURIAL, C REMOVAL BUT
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VR A15 (4) 1SM 9/59

7011	TOALE OF BEATT
D. PLACE OF DEATH O. COUNTY Washington MAR	2 USUAL RESIDENCE (Where deceased lived If institution: Res dence before admission) o. STATE Maryland b COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STA	Y IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **Regerstown Md**
d. NAME OF HOSPITAL (If not in hospital, give street address) Washington County Hospital	d STREET ADDRESS 522 N. Mulberry street Address on a farm? YES NO
NAME OF DECEASED (Type or print) Wyoma First Geneva Men	tzer 4. DATE September 10 19 60
Female 6. COLOR OR RACE 7. MARRIED NEVER	lost birthdoy Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) House Wife Own Ho	25-
Andrew Semler	Catherine Cramer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N	The state of the s
(Yes, no, or unknown) (If yes, give wor or dates of service)	Mrs. Kathryne Shifler Hagerstown Md.
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last. Cause (a), stating the under-lying cause last.	OSCIEVOTIC HE 2 ST DAGES ON INTERVAL BETWEEN ONSET AND DEATH OSCIEVOTIC HE 2 ST DAGES ON INTERVAL BETWEEN ONSET AND DEATH DAGES ON INTERVAL BETWEEN ONSET AND DEATH OSCIEVOTIC HE 2 ST D
CCATIC	PERFORMED? YES NO.2
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 of work at work	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State) foctory, street, office bldg., etc.)
21 I certify that (I) (this hospital) attended the deceased saw the deceased alive an SUPC 1960 an 220 SIGNATURE 22c PHYSIC, ANS NAME (TYPH)	d from TUT 4, 1960, to SPPT 10, 1960, that (1) (we) last d that death accurred at
REMOVAL (Specify)	METERY OR CREMATORY 23d LOCATION (City town, or county) (State)
Burial 9-13-60 Leiters	burg Luthern Leitersburg Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Stown 250. REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE
Scott F. Minnich & Son Hager	stown d. DATSEP 14'60 CH PL



		á	No. of Lot, House, etc., in such spirits, and the second		1
oge 4		See TO IUNIRAL DIRECTOR: After this mertificate has been signed by the attending physician and mampietely filled in by the funeral director.	oge 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with		4)
TO HOSPITAL ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hay. For death. Page		rat dir	e file	-	
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res 1		ped	ermit,	the State Board of Health prior to burial, cremotian, ar remayal, and in any event within 22 hours after death.	
redni	an.	n sign	sit p	ar ren	
<u>0</u>	hysici	pee	-Irran	ion, o	
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101	E	10	od	the	
VR 1S	A1	5 1	4)		

er death. Page 4

1. PLACE OF DEATH O. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Life Life	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 420 W. Franklin St.	d. STREET ADDRESS 420 W. Franklin St. 6. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print) Frank First Charles	Miller 4. DATE OF DEATH September 16 19 60
S. SEX Male White Widowed Divorced	8. DATE OF BIRTH 9. AGE (In years least birthdoy) 68 yrs. 1891 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS IF UNDER 24 HRS
10a. JSUAL OCCUPATION (Give kind of work done during most of working life, even if refired) OWNER Metal Stairws	ays Hagerstown Md.
harles A. Miller	14. MOTHER'S MAIDEN NAME Mary C. Spielman
(Yes no, or unknown) . If yes, mye war or dates of service)	rs. Edna P. Miller Hagerstown d.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stoling the <u>under-lying couse lost</u> . [b] DUE TO [c]	interval Between ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour a m. p. m. 19 While of work of work	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State office bldg., etc.)
220. SIGNATURE ZZC. PHYSICIAN'S NAME (Type) THE W. DITTOJ	death occurred at 3: 1M, from the causes and on the date stated obove M.D. ATTENDING MED DIRECTOR STAFF PHYS. 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS
Burial 9-19-60 Rose Hill	Cemetery Hagerstown Md. (Stote)
24. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich & Son Hagerstor	MA DATE SEP 1 9 '60 Cirlus & Kraus

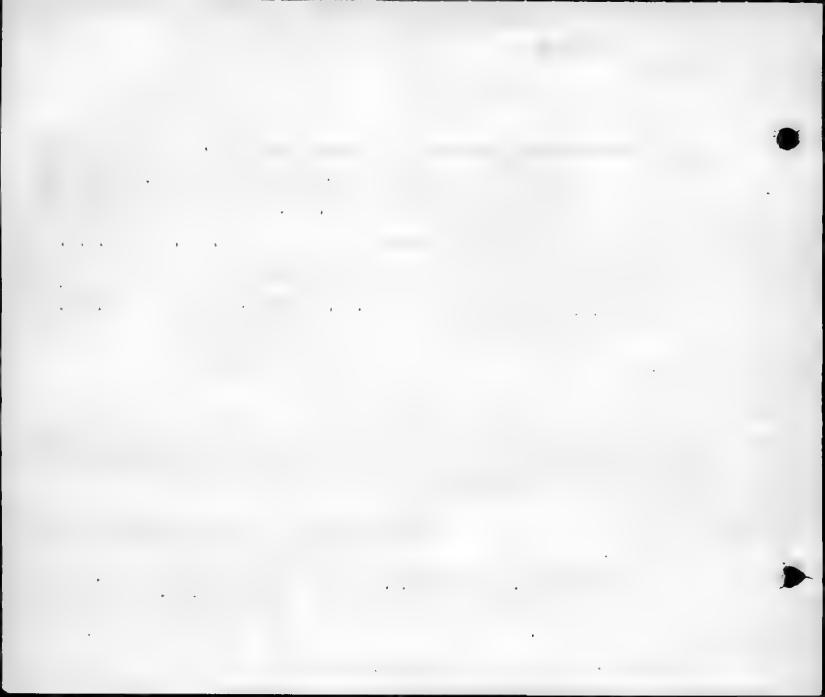


TO HOSPITAL ATTIMIDITIES IN THYSICIAN: The law requires that the deoth certificate be exacuted within 2 have for death. Page 4 may be read 3 by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remave carbon pagers Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremotian, or remayal, and in any event, within 72 haurs ofter death.

1. PLACE OF DEATH			2. USUAL RESIDENCE (Who		ın: Residence befare admission)					
Washingto	n	MANAGE	Maryland	b. COUNTY	Washington					
b. CITY OR TOWN (I RURAL and give no	f autside carporate limits, wi	rite c. LENGTH OF STAY IN 16	CITY OR TOWN (If as	itside carporate limits, write RI	JRAL and give nearest town)					
47	rstown	lldays	Hagerstow	n						
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give s		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
	ton_County	Hospital	801 Dewe	ry Aye.	YES NO					
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mont	th Day Year					
(Type or print)	EDNA	MAE	NICELY	DEATH Sep	t. 8 1960					
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS					
Female	White wid	DOWED DIVORCED	Feby. 27,1	886 74 75	Months Days Hours Min.					
10a. USUAL OCCUPATIO	ON (Give kind af work dane king life, even if retired)	106 KIND OF BUSINESS OR INC	USTRY 11 BIRTHPLACE (Slate	erklev Co	12. CITIZEN OF WHAT COUNTRY					
Housewit		Own Home	Marlowe	W. Va.	U.S.A.					
13. FATHER'S NAME			14. MOTHER'S MAIDEN N							
Scott Eme	argon		Rose Tabl	er						
IS. WAS DECEASED EVE	R IN U. S ARMED FORCES?		INFORMANT	Addr	ss 38 Moller₩					
No No	(If yes, give war or dates of service)	None M	rs. A. Eliza	beth Barton	Hag. Md.					
-	TH Finter only one couse I	per line far (a), (b), and (c).]			INTERVAL BETWEEN					
	TH WAS CAUSED BY:		entricular ta	iles Comban	ONSET AND DEATH					
IMMEDIATE CAUSE (a) User the Jeff vent from the front open Tart fever I have										
	Condition to an unitary Carling and Dance of B									
gave rise to immediate										
cause (a), stating the under-										
lying couse last.) (c)			NAME OF COLUMN ON						
PART II. OTH	IER SIGNIFICANT CONDITIE	ONS CONTRIBUTING TO DEATH B	JI NOT RELIATED TO THE TERMIT	NAL DISEASE CONDITION GIV	EN IN PART Ha) 19 WAS AUTOPSY PERFORMED?					
7					YES NO					
OR CONTRIBUTING	CAUSE OF DEATH	. DESCRIBE HOW INJURY OCCUR	RED (Enter nature of injury in P	art I ar Part II of item 18.)						
	MEDICAL EXAMINER)									
Y 20c. TIME OF INJUR			PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.		(County) (State					
p. m.		Vhile Not while t wark at wark								
1	at (I) (this haspital) at	tended the deceased from	4-20, 19	43 to 9-	9, 19,60 that (1) (we) las					
'	ed alive an	saw the deceased alive an								
'	sed alive an	7-7-1960, and that	death accurred at 22	wy from the couses an	27b DATE					
saw the decea	1	1	ATTENDING	D STAFF	27b DATE					
saw the decear 22a SIGNATURE 22c PHYSICIAN'S	John H. Ja	tombe her	M D ATTENDING ME	D STAFF	276 DATE SIGNEI					
saw the decea: 22a SIGNATURE	John H. Ja	1	M D ATTENDING ME DII	Ector D PHYS D	27b DATE SIGNED					
saw the decear 22a SIGNATURE 22c PHYSICIAN'S NAME (Type)	John H. John H.	Hornbaker, M.D.	M D PHYS. ME DIT	Perror Deliver	gton St.,					
saw the decear 220 SIGNATURE 220 PHYSICIAN'S NAME (Type) 230 BURIAL, CREMATIC REMOVAL (Specify)	John H. John H.	Hornbaker, M.D.	M D ATTENDING ME DIT 22d ADDRESS L	STAFF PHYS 54 West Washin agerstown, Md.	gton Sto, (State)					
saw the decear 22a SIGNATURE 22c PHYSICIAN'S NAME (Type) 23a BURIAL, CREMATIC REMOVAL (Specify) BUR18.1	John H. John H. Sept.11	Hornbaker, M.D. 23c. NAME OF CEMETERY , 60 River Vi	M D PHYS. D DISTRIBUTION ME PHYS. D DISTRIBUTION DE DES DE	STAFF PHYS 54 West Washin agerstown, Md. 23d. LOCATION (City, town, of Williamspo	gton St., grounly) (State) rt Wash. Co					
22c PHYSICIAN'S NAME (Type) 23c BURIAL, CREMATIC REMOVAL (Specify) BUT 18.1 24 FUNERAL DIRECTOR	John H. John H. Sept.11	Hornbaker, M.D.	M D ATTENDING ME PHYS. DE	DECTOR DESTAFF 54. West Washin agerstown, Md. 23d. LOCATION (City, town, c W1111amspo	gton Sto, (State)					

VR A1S (4) 15M 9/59



20c. TIME OF INJURY Day, Year

20d INJURY OCCURRED Hour a.m. While Not while of work at work

20e. PLACE OF INJURY (Home, form, 20f, (City or town) foctory, street, office bldg., etc.)

(Stote)

(County)

21. I certify that (1) (this haspital) attended the deceased fram. 19 ____, ta______ ___ , 19____, that (I) (we) last 19 and that death accurred di M, from the causes and an the date stated above saw the deceased alive an _ 22a, SIGNATURE 22b, DATE

22c. PHYSICIAN'S

NAME (Type)

John H. Hornbaker, M.D.

ATTENDING PHYS M.D 22d ADDRESS

STAFF PHYS DIRECTOR 154 West Washington St.

Hagerstown. Md.

9:21:60 GNED

23a BURIAL, CREMATION, REMOVAL/(Specify)

23b DATE THEREOF

23c. NAME OF CEMETERY OF CREMATORY

23d. LOCATION (City, town, or county)

, (State)

24. FUNERAL DIRECTOR'S SIGNATURE

25a. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR page 3 shauld be detor VR A15 (4) 15M 9/59

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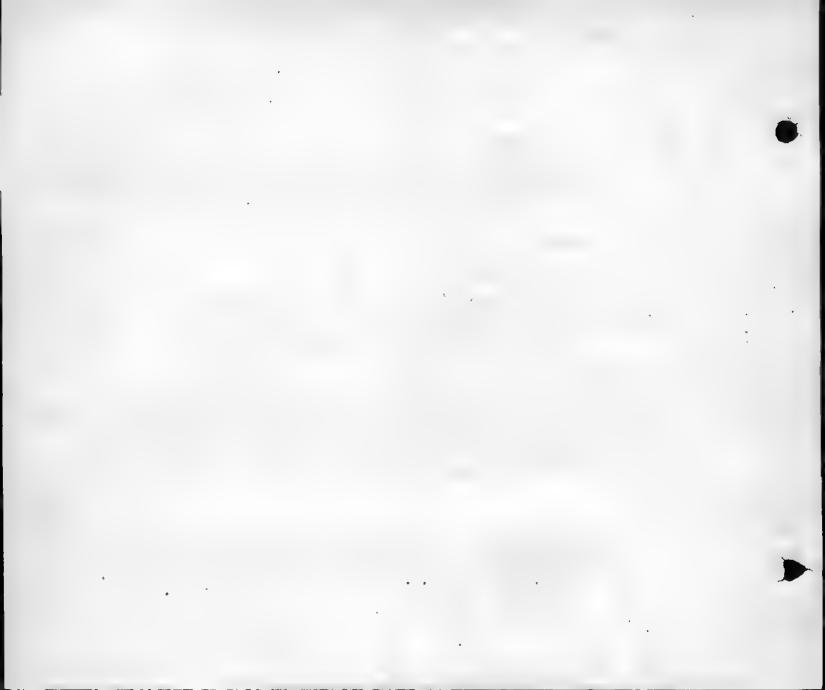
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physician

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10772

(Stote)

director, filed with filed funstraj å 20 the 25 and .5 filled Poges ā CO PI pan Carl ě within g physical ease permit. gned physician. has Ined by the DIRECTOR: , FUNERAL DIR

deoth

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) .. COUNTY Washington " Maryland **b.** COUNTY MARYLAND Washington b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) RURAL and give nearest town)
Hagerstown 56 Hagerstown vears d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE /d. STREET ADDRESS 129 E. ON A FARM? 129 E. Washington St. Washington St. YES NO NAME OF M.ddle Lost Yeor Nikirk DEATH September Charles William 19 00 (Type or print) 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE 7 MARRIED A NEVER MARRIED B DATE OF BIRTH last birthdoy) Months Days Hours Male White WIDOWED DIVORCED [7] 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Boonesboro m Truck Driver Grocery Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wilhemina Wallick Charles W. Nikirk 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Mrs. Naomi M. Nikirk Hagerstown 214-09-7674 NTERVAL BETWEEN TB. CAUSE OF DEATH [Enter only one couse per Lifts for (a), (b), and (c). ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoling the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY CATION PERFORMED? YES NO K 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) None WEDICAL 20c TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) foctory, street, office bldg., etc.) Hour o m. None Not while None of wark of wark p. m. 27 1 certify that (1) (this haspital) attended the deceased from. Jan., 1960, to Sept. 17, 1960, that (1) (we) last sow the deceosed olive on. , and that death occurred at 7A. M., from the causes and on the date stated above. 22a SIGNATO 22b DATE 5 GNED ATTENDING PHYS M.D. DIRECTOR [PHYS. 22c PHYSICIAN'S Potomac Street-H. . town, Ad NAME (Type) Dr. John D. Turco 23d BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown, or county) (State) poge the Sto Bur 19 (Specify) 9-20-60 Rose Hill Cemetery Hagerstown 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR SEP 2 2 '60 William & France

DATE

Scott F. Minnich & Son Hagerstown

10 VR A15 (4) 1SM 9759



VS. A15ME(5) SM 9755

ON A FARM?

U.S.A.

Rea, Dist. No.

b. COUNTY Providence

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

e. IS RESIDENCE

YES NO R

Month Year 1960 September 19 9. AGE ile veers IF UNDER TYFAR IF UNDER 74 HRS. Months Hours

yrı, 12. CITIZEN OF WHAT COUNTRY?

Vadeboncouer

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

Funkstown. Maryland

INTERVAL BETWEEN Cogus X

PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19 WAS AUTOPSY PERFORMED? NO Z YES 🗔

Inspection , Inquiry . and find that

Undetermined cause

22d. LOCATION (City, lawn, or county)

24a, REC'D BY REGISTRAR Hagerstown, Md.

DATE

arthur S. Krauk SEP 2 3 '60

(County)

(State)

DATE SIGNED

(State)

TSLAND



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10774

10	ECTOR CERTIFICATE OF PEATIT
(M)	1. PLACE OF DEATH o. COUNTY o. STATE 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY Washington
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ASALING OF Hagers town Life Hagers town
190	d. NAME OF HOSPITAL (If not in hospital, give street oddress) or NSTREET ADDRESS or NSTRUTION or NSTRUTION or NSTRUTION
4 / 0	Jackson Convalescent Home 711 Oak Hill Ave.
	3. NAME OF DECEASED (Type or print) ANNA DORA POOLE 4. DATE Month Doy Yeor OF DEATH September 24 19 60
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Min. 1875 9. AGE (In years lost birthday) Months Days Hours Min.
	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)
	during most of working life, even if retired)
	housewife Washington Co., Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Valentine Brewer Ada ?
	IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
H.	no (if yes, give wor or do'es of service) none, Dr. E nest F. Poole Hagerstown, Maryland
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) General aster was clume in a carteria.
	Conditions, if ony, which) proclarati heart disease sy
	gove rise to immediate couse (a), stating the under-lying cause last.
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	Calcifie & hem toma left breas & YES NO B
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 1) of Item 18.)
	20c. TIME OF INJURY Month, Day, Year Hour a.m. P. m. 19 Of work of wo
	21 I certify that (I) (this haspital) attended the deceased from Dec. 6. 1957. to Sejat 24., 1960, that (I) (we) last saw the deceased alive an 1745 20. 1960, and that death accurred at 19139M, from the causes and on the date stated above.
1	220. SIGNATURE ATTENDING MED. STAFF SIGNED 2215 DAYE SIGNED
-	PHYSICIAN'S NAME (Type) Edward W. Ditto 111, M. D. 22d. Appress West Washington Street
	230 BURIAL, CREMAT ON, 236. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Store)
,	Burial 9/26/1960 Rose Hill Cemetery Hageratown, Maryland
)	Suter - Rouzer Funeral Home Address A

er deoth. Poge 4 TO HOSPITAL ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours be retained by the hospital or attending physician.

VR A15



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR

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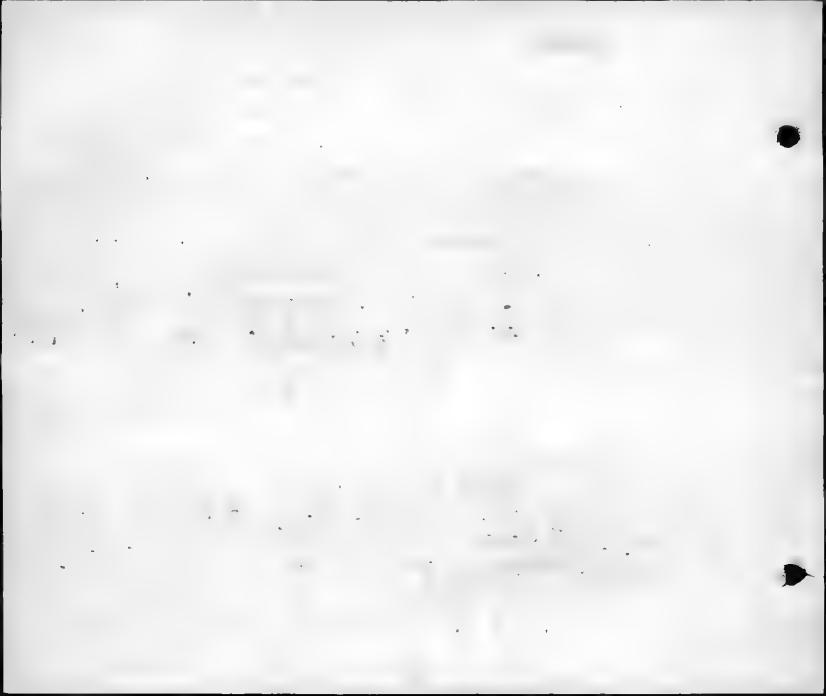
S — BALTIMORE 1, MARYLAND 10775

	1. PLACE OF DEA o. COUNTY	Washington		MARYLAN		USUAL RESIDENCE (M b. STATE Mary		d aved If institution b. COUNTY	i: Residence bei Washii		
	RURAL and	OR TOWN (If outside corporate limits, write AL and give nearest lown) al williamsport 8 month				CITY OR TOWN (IF					
		Williamspor			_ /	d. STREET ADDRESS	sport			e IS RESIDER	NCE
	OR INSTITU	Manor Boar	-		13	36 W. Pot	omac	Street		ON A FA	RMZ
	3. NAME OF DECEASED (Type or print)	Willia	irst I, M	Middle G		Reed	4. DATE OF DEATH	Sept		B 19	60
3	S. SEX Male	6 COLOR OR RACE Wh1te	7 MARRIED WIDOWED	NEVER MARRIED [_	arch 13	1886	9. AGE (in years last birthdoy)	Months Days	-	4 HRS Min.
	100. USUAL OCCI during most of Labor	UPATION (Give kind of work of working life, even if retired	dane 10b KIND (d) Tann		IDUSTRY	11. BIRTHPLACE (Stole Williams		Md.	U.S	• A	NTRY?
-	13. FATHER'S NAM				14	. MOTHER'S MAIDEN					
		William W.			- 11500	**	Donne			- 0-	
	(Yes, no, or unknown)	ED EVER IN U. S. ARMED FO	215	9 7346	Mr.	John 90	- 4	14 E. Tr W illi ams	port/N		_
		OF DEATH [Enter only one of I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (<u> </u>	(a) (b) and (c).)	240	talde	Jan	efoce		TERVAL BETWA	
		lo immediale	[b])					
	Cause (o), si lying couse	toting the <u>under-</u>	o (c)								
	PART DE LE CONTRIBUTION DE LA CO	II OTHER SIGNIFICANT CON		IBUTING TO DEATH	BUT NO	RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIVE	N IN PART 1(o)	19 WAS AUT PERFORME YES N	ED?
		NT WAS UNDERLYING [] UTING [] CAUSE OF DEATH IOTIFY MEDICAL EXAMINER)	20b. DESCRIBE I	HOW INJURY OCCU	RRED. (E	nter nature of injury in	n Part I or Par	1 (1 of item 18)	7		
	Hayr	INJURY Month, Doy, Yo o. m. p. m.	While	OCCURRED 20e Of while	PLACE foctory,	OF INJURY Mome, for	rm, 20f. (City	or town	(County	r)	(Stote)
		y that (1) (this Rose)to	Slyditended th		1 /	1/60	9 ,.10/	N/6	,	that (1) (we	
	22a PHYSICI	RULLE TO	Jour	ug/	M.D	ATTENDING PHYS	MED.	STAFF PHYS	9	22b,D	
	NAME (1			//						/	
	Burial, CRE	MATION, 236. DATE THERE		MAME OF CEMETER				TION (Cily, town, or liamspor	t Mary	land (Stole)	
1	24. FUNEBAL DIR	ECTORIS SIGNATURE	1000	ADDRESS	-	74 250. REG	C'D BY REGIS		TRAR'S SIGNAT		

er death Page 4 may be rekt. 29 by the hospital at attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the buriof-transit permit. Then please remave carbon pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, at removal, and in any event, within 72 bours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay TO HOSPITAL

VR A15 (4) 15M 9/S9

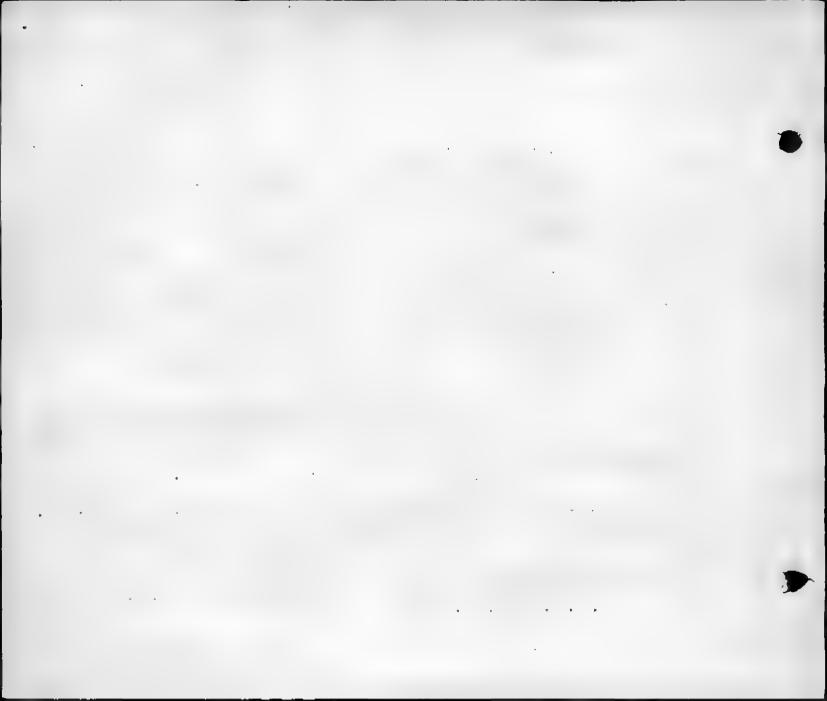


VR A15 (4) ISM 9/59

1. PLACE OF DEATH o. COUNTY Wa shington	MARYLAND	2 USUAL RESIDENCE (Where deceded in STATE Marvland	sed lived. If institution Residence b. COUNTY Washington	e before admission)					
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16		porate limits, write RURAL and gi	ve negrest tawn)					
d NAME OF HOSPITAL (If not in hospital, give street or institution washington Coun		d STREET ADDRESS 745 Spruce	St	e. IS RESIDENCE ON A FARM? YES NO					
3. NAME OF First DECEASED (Type or print) CHARLTON	Middle PP vs	Lost 4. DAT OF DEA	_	Day Year					
OTBITE OT	NELSON REE	DIREC	OCD COMPAT.	4 1960'9 YEAR I IF UNDER 24 HRS					
37 -	WED DIVORCED		1 1 1 1 1 1	Doys Hours Min					
19a. USUAL OCCUPATION (Give kind of work done 1) during mast of working life, even if retired)	0b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign	country) 12. CITIZ	EN OF WHAT COUNTRY?					
None	Infant	Hagerstown Wa	sh Co Md.	USA					
13 FATHER'S NAME		14 MOTHER'S MAIDEN NAME							
Charles N. Reede		Virginia C	urry						
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) [If yes, give war or dates of service)		IFORMANT	Address						
No		artes N. Reeder							
18. CAUSE OF DEATH [Enter only one cause pe PART I. DEATH WAS CAUSED BY	r line for (o), (b), and (c)]	Hagerstown	Md.	ONSET AND DEATH					
IMMEDIATE CAUSE (o)	Trum Philade	is of mention		126-					
DUE TO		[
Conditions, if ony, which (b)									
cause (a), stating the under-									
Z lying cause last. (c)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY								
PART II. OTHER SIGNIFICANT CONDITION	13 CONTRIBOTING TO DEATH BUT	NOT RECOTED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	PERFORMED?					
200 ACCIDENT WAS UNDERLYING [] 20b. [OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Port I or	Port II of item 18.)	100100					
G Hour a.m Wh		ACE OF INJURY (Home, farm, 20f (Ctory, street, office bldg., etc.)	ity or town) {Co	ounty) (Slate)					
21 I certify that (I) (this haspital) atte	ended the deceased fram	9/4 . 1960 . 10	9/4 196	ਹ, that (l) (we) last					
saw the deceased alive an	19 69 and that a	leath accurred at 12/PM, fra	m the causes and an the	date stated above.					
220 SIGNATURE TO THE	none	M.D. PHYS DIRECTOR	STAFF PHYS	C / SIGNED					
22c. PHYSICIAN'S	6	22d ADDRESS		1/6/60					
NAME (Type) Kichand	H. MOULING	1/12	to Minch	_1 .					
230. BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY 22/1 LO	CATION (City, town, or county)	(State)					
REMOVAL (Specify) PUT121 9/5/60			erstown Wash	Co Md.					
24. FUNERAL DIRECTOR'S SIGNATURE	R ADDRESS	250 REC'D BY REC	والمستوال والمستوال والمستوال والمستوال والمستوال والمستوال						
Andrew K. Coffman	Hagerstown M	d. DATE SEP 9	160 Ciriling S.	Kinesa					
2 mill xxx									



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1078 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission Page a. COUNTY MARYLAND ASHINGTAN b. CITY OR TOWN (If outside corporate him is, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ALERSTAWA ~ HOUR d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d. STREET ADDRESS e. IS RES DENCE ON A FARMT AMGBORN DOONSBARD YES NO A State death. 4. DATE Middle DECEASED (Type or print) ofter DEATH IDENOUR 5 SEY 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9 AGE (In years IFUNDER TYEAR IF UNDER 24 HRS with I ond 3 e 5 ma g 2 with last birthday) Manths DIVORCED WIDOWED [No. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY Poge 1 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. AT GAS ATTENDIANT STATION 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DEVOUS 15. WAS DECEASED EVER INCU. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (If yes, tave was or dates of service) BOOMSBORD 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Electrocution Instant IMMEDIATE CAUSE (a) cal Examiner's Office a used as a burial-transit pencil in r DUE TO Conditions, if ony, which gove tite to immediate couse DUE TO (o), stating the underlying e used as a crematian, couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS PERFORMED? NO M 200, EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part It of item 18.) Electrocuted while handling electric drill. Month, Day, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20f. (City or lown) (County) (Stote) factory, street, office bldg., etc.) Not while While at work at work View Street Hagerstown, Washington, 21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection K., Inquiry ... execute the finituality was a shauld be farwarded to FUNERAL DIRECTOR: 1 or its designated agent, opinion death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER [7] **EXAMINER'S** 9-21-60 DEPUTY MEDICAL EXAMINER NAME (Type) Dr. E. W. Ditto. Jr. 220 BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 400 WASH, CO. WID 23. FUNERAL/DIRECTOR **ADDRESS** S SIGNATURE 24s. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME will of S. Frank '60 5M 2/57 DATE OCT 3



TO HOSPITAL

VR A15 [4] 15M 9/59

Item	18	Film	272	1
		078		D

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10778

	1. PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admin o. STATE MARYLAND b. COUNTY DORCHES				
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) HAGERSTOWN	c. LENGTH OF STAY IN 16 9 MONTHS	c. CITY OR TOWN (I	outside corporate limits, write RL	JRAL and give nearest town)		
	d. NAME OF HOSPITAL (If not in haspitol, give street of in National WESTERN MD. STATE HOSPITAL	d. STREET ADDRESS	- A	e IS RESIDENCE ON A FARM? YES NO P			
	3 NAME OF DECEASED (Type or print) Kate	Middle	PobinseN	4. DATE Mont OF DEATH Se	,/		
	5. SEX 6 COLOR OR RACE 7 MARR. FEMALE WHITE WIDOWE	The state of the s	B. DATE OF BIRTH MAK, 14,18		IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.		
in a	100 USUAL OCCUPATION (Give kind of work done 10b. during most of prking life even if retired)	CVALLNY	STRY 11 8IRTHPLACE (State	ar foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	13. FATHER'S NAME GEORGE RO	bbins	UNKNOWN	NAME .			
			ARENCE RO	binson 3/5	"Charles ST.		
	18. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	ne for (o), (b), and (c)) of SDIRATION PHI	vomitus	SAL Valteddd Ll	INTER AVBETWEEN ONSET AND DEATH		
	Conditions (fon), which gove rise to immediate	ebro-vaseulai	accident c	hemiparesis	10 mos.		
	lying couse lost. DUE TO (c) 9C1		riosclerosis		zin knewn		
	PART II OTHER SIGNIFICANT CONDITIONS CO	y Q chronic	/ -/*	His, bil	EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO		
	OR CONTRIBUTING CAUSE OF DEATH	ÍRIBE HOW INJURY OCCURRÉI	D. (Enter noture of injury in	Port I or Port II of (Iem 18)			
	20c. TIME OF INJURY Manth, Doy, Year 20d. IN Hour a.m. 19 at wark	Not while foo	ACE OF INJURY (Home, farr story, street, affice bldg., etc	n, 20f. (City or town)	(County) (State)		
J	21. I certify that (1) (this hospital) attend sow the deceased alive on 5-pt 5-		Occ./6 19	SM from the causes on	, 19 <u>64</u> , that <u>(I)</u> (we) last d on the date stated above.		
	220. SIGNATURE VICTOR L. P.			AED STAFF PHYS	5ept. 5, 1960		
	22c PHYSICIAN'S NAME (Type) VICTOR L.	Ramos, mi	22d. ADDRESS 2. 1500 Panns	sylvania Que, M	Hugarstown, ma		
THE STATE OF THE S	230 BUR A., CREMATION 236 DATE THEREOF SEPT. 7, 1960	10dd VILLE	Church CEN	23d LOCATION (City, town, o	(Stole) (Stole)		
B	24. HANGE TORS STENATURE LECE	Selebu	250 REC	DEED O 100	STRAR'S SIGNATURE		



	THE WAY	CERTITIO	AIL OF DEATH	<u> </u>	Reg. Dist. No.				
1. PLACE OF DEATH o. COUNTY Washington		MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Penna.	ere deceased lived. If institutio b. COUNTY	n. Residence before admission) Montgomery				
b. CITY OR TOWN (If outside corporole limits, write RURAL and give pearest lown) LageTSCOWN 15 days			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jenkintown						
d. NAME OF HOSPITAL (If not in hospital, give street address) Washington County Hospital			d. STREET ADDRESS Apt. 415 Th	e. IS RESIDENCE ON A FARM? YES NO X					
3. NAME OF DECEASED (Type or print) Glad	1 6	Middle niting	Shelly	4. DATE Mont OF DEATH Sep	it. 20 19 60				
Female white	WIDOWE		B. DATE OF BIRTH April 24, 18	92 68 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min				
100 USUAL OCCUPATION (Give kind of during most of working life, even if House wife and					12 CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME William H. Whi	ting	rine Hardware	Caroline						
15. WAS DECEASED EVER IN U. S. ARME [You no or unknown] (It yes, give war or de	ples of service)		Mrs. Robert A.	Mack, Concord,	Massachusetts				
Conditions, if any, which	D BY C	A 11 - 11	bosis with al	Menipleyia an Disas	INTERVAL BETWEEN ONSET AND DEATH IS days				
2	schrote	That Su	T NOT RELATED TO THE TERMI A THE TERMINATION OF INJURY IN IN	Chrisicalas 7.	PERFORMED? YES NO PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PART 1(0)				
OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAM) 20c. TIME OF INJURY Month, Doy Hour o. m, p m.	EATH NER)	JURY OCCURRED 20e P	LACE OF INJURY (Home, form actory, street, office bldg., etc.	, 20f (City or town)	(County) (State)				
21. I certify that I attended alive on 2-20			h occurred at 21/0A		ithat I last saw the deceased and an the date stated above. DATE SIGNED				
PHYSICIAN'S NAME (Type) Dalton	M-C	ucety.		mac Avenue wn, Maryland					
220. BURIAL, CREMATION, 22b. DATE TO REMOVAL (Specify)		22c. NAME OF CEMETERY		22d. tocation (City, town, o					

24a. REC'D BY REGISTRAR

DATE SEP 2 2 '60

24b REGISTRAR'S SIGNATURE

Orthur S. Krunk

ADDRESS

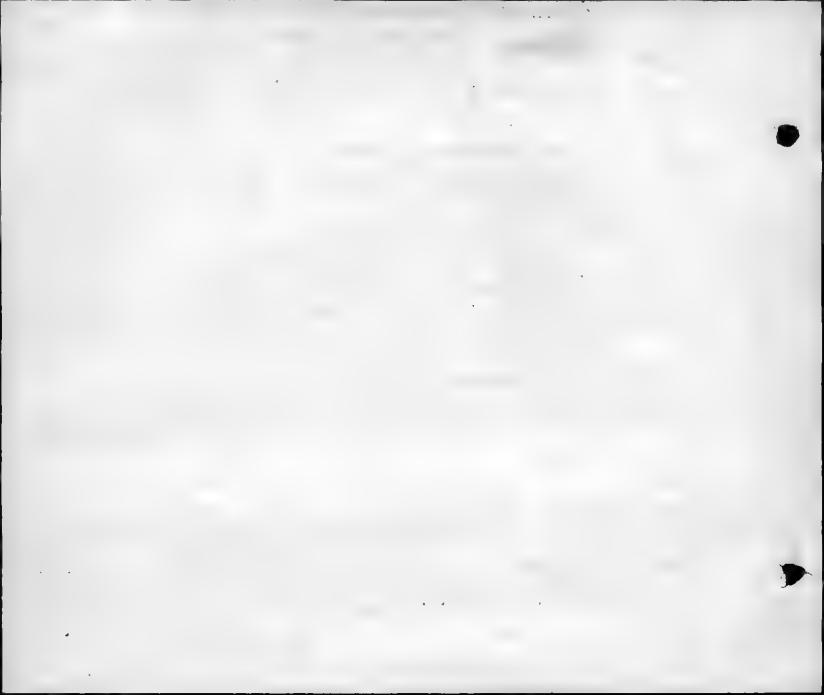
HOVE Waynesboro, Pa.

page 3 shauld be detached for use as the burial-transit the registrar prior to burial, cremation, ar remaval, and may be retorned by the TO FUNERAL DIRECTOR: VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

death! Page 4

PHYSICIAN: The law requires that the death certificate be executed within 24 hau



MARYLAND

c. LENGTH OF STAY IN 16

o. STATE

e. IS RESIDENCE

Days

12 CITIZEN OF WHAT COUNTRY?

SPRING

INTERVAL BETWEEN

ONSET AND DEATH

15 years

PERFORMED? YES NO TX

, that (1) (we) lost

14.

(State)

74, S. A.

ONIA FARM?

YES NO

Year

1960

burial-transit

MEDI

certificate

this

After

IUNIRAI DIRICTER:

be detoched

3 should

5

1. PLACE OF DEATH

b. CITY OR TOWN (if outsigle corporate limits, write

o. COUNTY

RURAL and give nearest town) 0 d. NAME OF HOSPITAL (Whot in hospital, give street address) d. STREET ADDRESS NONE NAME OF 4. DATE OF Middle Last Month DEATH (Type or print) S. SEX 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED B. DATE OF BIRTH rost birthdoy) Months 1877 DIVORCED [WIDOWED K yrs. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State or foreign country) during most of working life, even if retired) BioSpring RETTRED 13. FATHER'S NAME 17 INFORMANT Address IS. WAS DECEASED EVER 16. SOCIAL SECURITY NO. (Yes no or unknown) UNKNOWN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] Cerebral Hemorrhage with Hemiplegia **DEATH WAS CAUSED BY** IMMEDIATE CAUSE (6) **DUE TO** Hypertensive Arterioscleroic Heart Disease Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stating the underlying couse lost ö CERTIFICATION PART ALL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY cramolion CARCINOMA OF THE RECTUM DI ABETES MELLITUS 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year

factory, street, office bldg., atc.) Hour o.m. While Not while of work of work p. m. 21 I certify that (I) (this haspital) attended the deceased from August 28, 1960, September 13

saw the deceased alive on. ond that death occurred at #PM, from the causes and on the date stated obave. 22o. SIGNATORE SIGNED ATTENDING MED DIRECTOR STAFF PHYS 1960

PHYS MD. 22c PHISICIAN'S 22d. ADDRESS NAME (Type) Archie Robert Cohen, M.D.

Clear Spring, Maryland

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (W outside corporate limits, write RURAL and give nearest town)

b. COUNTY

236 DATE THEREOF 23d LOCATION (C'ty town, or county) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. (Stote) REMOVAL (Spec fy) CLSPG. CLEAR ROSE MD. 960 25b REGISTRAR'S SIGNATURE PUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR

DATE SEP 1 9 160

Cirlbur & House

(County)

2 15M 9/59

VR A15 (4)



IS RESIDENCE

ON A FARM?

YES 🗍 NO 👿

Year

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSE AND DEATH

WAS AUTOPSY PERFORMED? YES NO

(State)

22b DATE

U.S.A.

(County)

1960

Washington

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a. COUNTY a STATE b. COUNTY MARYLAND Washington Marvland b CITY OR TOWN (If autside carparate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest fawn) Hagerstown most of life Hagerstown d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION 1124 W. Church Street Western Marvland State Hospital NAME OF 4. DATE Middle Month DECEASED OF DEATH (Type or print) 5 SEX IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Manths February 4. Female White DIVORCED | WIDOWED | 10a USUAL OCCUPATION (Give kind af work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) New Oxford, Pennsylvania Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emily Kepner Abram Stambaugh 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address James W. Smith Hagerstown, Maryland none no CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] eumatoid arthritis, multiple PART !. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last PART AL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) [19 20a ACCIDENT WAS UNDERWING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter notice of injury in Part I ar Part II of ¿tem 18.) CAL 20c. TIME OF INJURY Manth, 20d INJURY OCCURRED 20s. PLACE OF INJURY (Hame, form, 20f (City or town) Day, Year factory, street, office bldg., etc.) Haur a m. While Not while at wark at wark p. m. 30_, 19_60, that (I) (we) lost 60 to 500t 21 I certify that (I) (this hospital) attended the deceosed from Sept. ond that death accurred of M. J.M. from the couses and an the date stated above. saw the deceased alive on 5.012 22a SIGNATURE

BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify) Burial

22c. PHYSICIAN

NAME (Type)

23c NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

23d. [OCATION (City, tawn, or county) Hagerstown

Marylan d

24 FUNERAL DIRECTOR'S SIGNATURE
Suter - Rouzer Funeral

Dr. Young E. Chun

Hagerstown, Md.

ADDRESS

250 REC'D BY REGISTRAR DATE OCT 3

MED. DIRECTOR

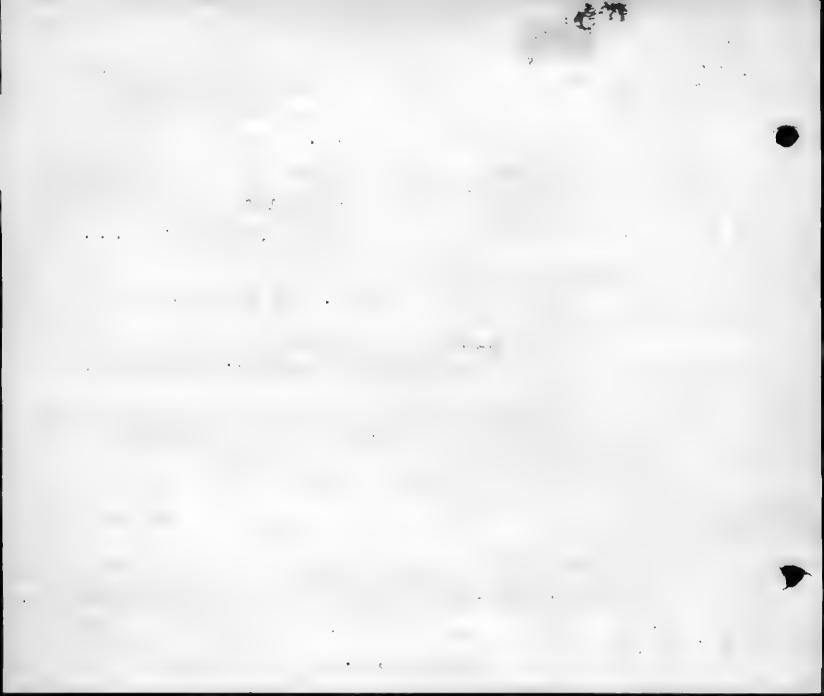
ATTENDING

22d, ADDRESS

M.D PHYS

> 25b REGISTRAR'S SIGNATURE Custing S. House

0 VR A15 (4) 1SM 9/59



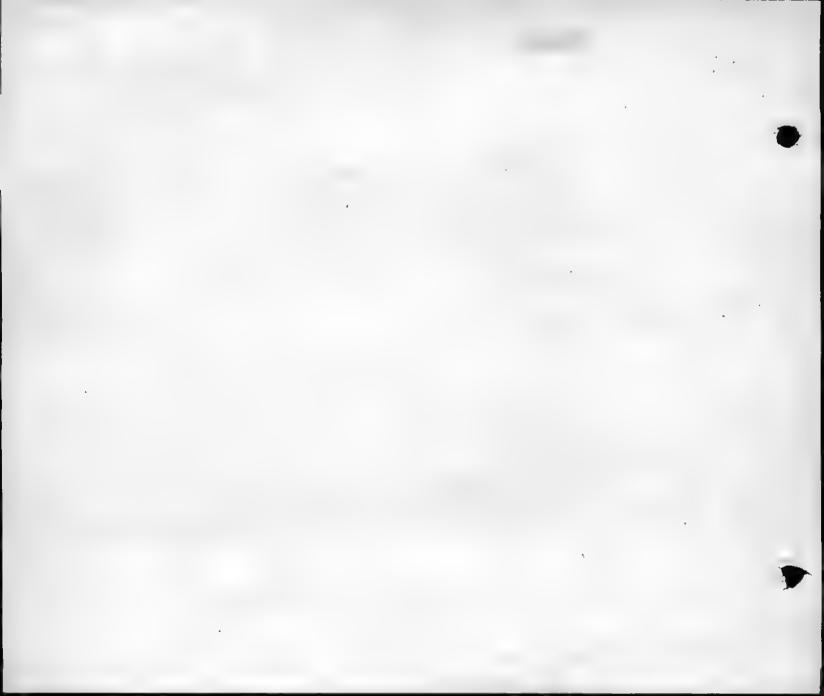
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o STATE Maryland b. COUNTY Washington							
RURAL and give nearest town)	MO .	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown							
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Reeder's Nursing Home		d. STREET ADDRESS 43 E. Washington St.					e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF First DECEASED (Type or print) MYRTLE	Middle SP.	Lost RECHER	OF			Day Year 22 19 60			
S SEX Female 6 COLOR OR RACE 7. MARRIED □ NEV WIDOWED ■		DATE OF BIRTH Sept.12,1872	9 AG lost	E (In years 1	F UNDER 1 YEAR Months Days	Hours	R 24 HRS. Min		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector Shoe	ISINESS OR INDUSTR	JSTRY 11. BIRTHPLACE (Stote or foreign country) Shanktown, Wash. Co. Md. USA							
13 FATHER'S NAME		14 MOTHER'S MAIDEN N	AME		1				
John T. Weaver		Ann Mary Myers							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Ye), no or unknown; (If yes, give wor or dates of service)		ormant Elsie Everit	t 43 E.Wa	Addres ash i ngt		lagers	Md. stown		
PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	7					H 4 PERFOR YES [eus Lar- Lutopsy RMED?		
20a ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW OR CONTRIBUTION CON	URRED 20e. PLACI	(Enter nature of injury in P E OF INJURY (Hame, form, ry, street, affice bldg., etc.	20f. (City or tow		(County)		(Stote)		
21 I certify that (I) (this haspital) attended the de	eceased fram	ath accurred at 4/2.	M, from the constant	auses and	_, 1960, the date	stated			
REMOVA. (Spec fv)	Hill Ceme	tery	23d LOCATION (Clears)	oring		(Stote)		
		VIA SEP	by REGISTRAR 27'60		RAR'S SIGNATU				
Rest Haven Funeral Chapel Ha	agerstown,	IVEU . DATE							
When Ci. Hors &									

may be reform by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon pages. Pages 1 and 2-should be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any exect within 72 hours after death TO HOSPITA VR A1S (4) 1SM 9/59

ter death. Page 4

ATTENDING PHYSICIAN: The low requies that the death certificate be exacused within 24 hay



death. Page 4

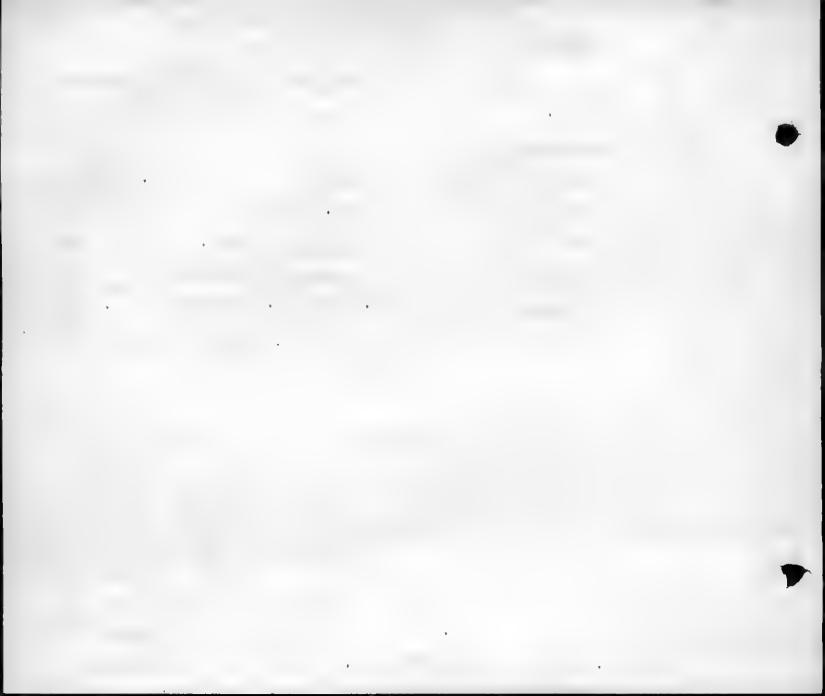
TO HOSPITAL

ATTENDING PHYSICIAN: The law requires that the diath certificate bill executed within 21 have the may be retionable by the haspital at attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the fun page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld, the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 haurs after death.

VR A15 (4) ISM 9/59

10014	CERTIFICA	IL OI DEAIII			
1. PLACE OF DEATH		2. USUAL RESIDENCE (W)			e before admission)
Washington	MARYLAND	Maryland	ь (Was!	hington
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside corporate limits	, write RURAL and gi	ive negrest lown)
Hagerstown Rt.#4		Hagerstow	n X		
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	al address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Broadforeing Road					YES NO
3. NAME OF First DECEASED	Middle	Last	4 DATE OF	Month	Day Year
(Type or print) PAUL	ELMER S	SPRECHER	DEATH	Sept.	9 1960
S SEX 6. COLOR OR RACE 7 MA	RRIED NEVER MARRIED 8	B. DATE OF BIRTH	9 AGE (41.1.3	YEAR IF UNDER 24 HR
_Male , White WIDON	WED DIVORCED	Dec. 15 .	1892 67		Doys Hours Min.
100 USUAL OCCUPATION (Give kind of work done 10) during most of working life, even if retired)	b. KIND OF BUSINESS OR INDUS				EN OF WHAT COUNTRY
Truck Farmer		Willso	ns Wash.	Co Md	USA
13. FATHER S NAME		14. MOTHER'S MAIDEN N			
John Sprenher		Catherin	e Zentmy	rer	
75 WAS DECEASED EVER IN U.S. ARMED FORCES? 1. (Yes, no or unknown) (If yes, give wor or dates of service)	6 SOCIAL SECURITY NO. 17. IN	FORMANT			gerstown]
No	None Mrs	. Myrtle L	. Spreche		t. #4
18 CAUSE OF DEATH [Enter only one couse per	line far (a), (b), and (c)]	0-1			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Corona	4 Taclus	ura.		melos
TO A DUE TO	2 -/	,	_		
Conditions, if any, which) (b)	lem Car	two br	lucis		5 Gus
gove rise to immediate couse (a), stating the under-					
lying couse last.					
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDIT	ION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED?
8					YES NO
PART II. OTHER SIGNIFICANT CONDITIONS 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTIONS 20g. ACCIDENT WAS UNDERLYING CONTRIBUTIONS OR CONTRIBUTING CONTRIBUTING CONTRIBUTIONS OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS OR CONTRIBUTING CONTRIBUT	ESCRIBE HOW INJURY OCCURRED	t. (Enter nature of injury in	Port I or Port II of item	18.)	
		CE OF INJURY (Home, farm lory, street, office bldg., etc.		(Co	ounty) (State
Haur e.m. 19 While the white the white was the white white was the was the white was the white was the white was the white was the	le Not while raci	iory, street, office blog., sic	*/		
21 I certify that (I) (this hospital) after	nded the deceased fram	7-1-19	10 to 8-	9-1860	that (I) (we) las
saw the deceased alive an 9-7	/ 41	eath accurred at 2.2		*	
22a SIGNATURE	×				226 DATE
A. Zu Zu	UAZ 1	A D PHYS DI	ED STAFF		5 GNE
22c. PHYSICIAN'S NAME (Type)	7	22d ADDRESS	~		
ATE WY	11/10/2	Stegue	stown.	mel	
230 BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City	town, or county)	lash Co
Burial 9/12/60	St. Pauls	Cemetery	Near Cle	ar Sprin	or BH CO
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'	D BY REGISTRAR 2	sb. REGISTRAR'S SIG	
Andrew K. Coffman	Hagerstown	Md. DATESE	P 1 3 '60	Cathun 8. +	Travel

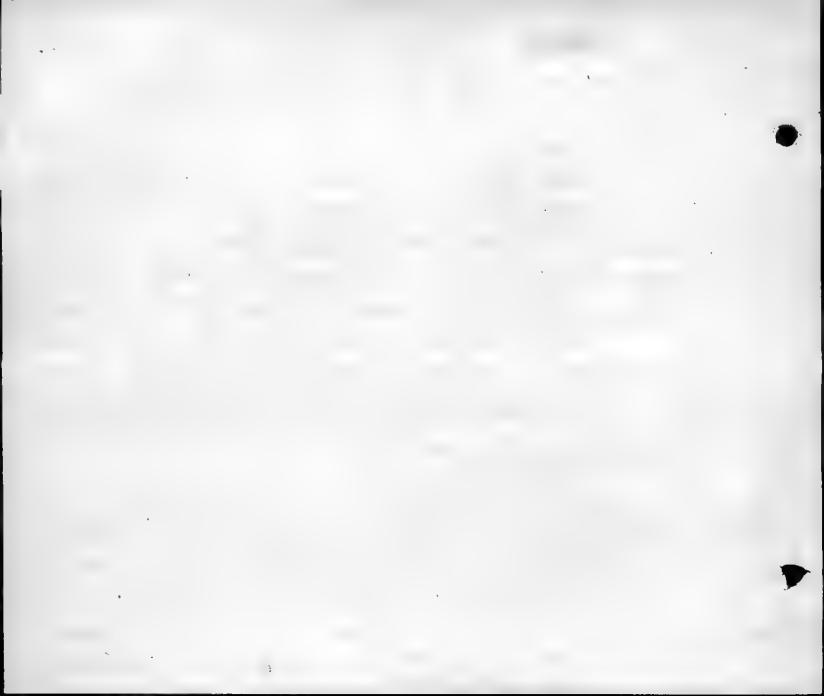


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1,	PLACE OF DEATH a. COUNTY BACK CALLED C TO A L	MARYLAND	o. STATE	egsed lived. If institution: Residence	
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside c	arporote limits, write RURAL and gir	
	J. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	33 YEARS	d. STREET ADDRESS	r) W N	e IS RESIDENCE
	239 EAST BALTIN	our st	239 EAST B	ALTIMORE ST	YES NO Y
3	NAME OF Pirst DECEASED (Type or print)	Middle	Last 4. DA		Day Year 2.5. 1960
S.	SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
10	USUAL OCCUPATION (Give kind of work done 10b		ECEMBER 18.8	77 82 yrs. 9 =	Noys Haurs Min
	during most of working life, even if refired)	WN HOME	WELSH RU	N (4	S:A.
13	FATHER'S NAME	15	14. MOTHER'S MAIDEN NAME	CHARRIE	
		SOCIAL SECURITY NO 17, INFO	RMANT YANCY	Address	
1,	146	LONE COL	IN MI STEEN	FUNKSTOV	IN MP.
	18. CAUSE OF DEATH [Enter only one cause per li PART 1. DEATH WAS CAUSED BY. Miss	ne for (a). (b). ond (c).] .ssive Cerebra	7 Thrombosis		onset and death
	DUE TO				10 days
	Canditians, if any, which gove rise to immediate (b)	terioscleroti	c Cardiovascu	lar Disease.	Years
	couse (a), stating the under- lying couse last.				
NOI	PART IT OTHER SIGNIFICANT CONDITIONS		OT RELATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
FICA.		None.		m . 10 f.c. 1m.	YES NO
L CERTIFICATION	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED.	Enter nature of injury in Port I al	Part II at item 18.)	
MEDICAL	Hour a, m. While	i famtos	E OF INJURY (Hame, farm, 20f. y, street, affice bldg., etc.)		unity) (State)
	21 I certify that (I) (this hospital) attend	ded the deceased from S		sept. 25, 196	
	saw the deceased alive an Sept.	and that dec		am the causes and an the	22b. DATE
	12	Jell M.I		STAFF 9-2	7-60 SIGNED
	R.A.Bell	, M.D.	22d. ADDRESS Hagersto	wn, Maryland.	
23	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY 23d. LC	OCATION (City, tawn, or county)	(State)
2	FUNERAL DEPT 28 1960	ADDRESS	SMOTERY TW	CHARTOWN WASH	CCIMP.
4	John H. Boat Bo	ONSBORE M	DATE OCT 3	160 256 REGISTRAN'S SIGN	

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.n 24 have set death. Page 4 may be retained by the haspital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and "campletely filled in by the funeral director, page 3 should be detoched far use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremotion, or removal, and in any event, within 72 hours after death. DR. BEL VR A1S (4) ISM 9/5

N. PateMAE



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Car гетоме ₻ 5 permit gned been si The Stote of the S

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

302

PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fived. If institution Residence before admission) Washing ton a. STATE Washington MARYLAND Maryland b. CITY OR TOWN (if autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) Hagerstown Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 534 Pangborn Blvd 534 Panbborn Blvd YES NO NAME OF 4. DATE Middle Manth Year DECEASED DEATH (Type or print) EDWARD September 196019 CHORED 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH Male WIDOWED | DIVORCED [10a USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Electrical Engineer Downsville Wash Co Md. Retired 73. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Frances Rowland Huyett gtonebraker IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address Viola H. Stonebraker No Mrs angborn Blvd Hagers towner AL CETWEEN CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 5 min IMMEDIATE CAUSE (a) **DUE TO** Canditians, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS) PERFORMED? YES NO . 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 3 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) While Nat while at work at work 21 I certify that (I) (this haspital) attended the deceased fram. 9-2 19.60 . ta. . 19.64, that (I) (we) last .______19...., and that death accurred at A.A. M. from the causes and an the date stated above. saw the decealed alive an 22a SIGNATURE 22b. DATE ATTENDING SIGNED PHYS DIRECTOR . PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 318 h. Potomac St. HRYPRSTOWN Ind.

23a BUR AL CREMATION REMOVAL (Specify)

23c NAME OF CEMETERY OR CREMATORY

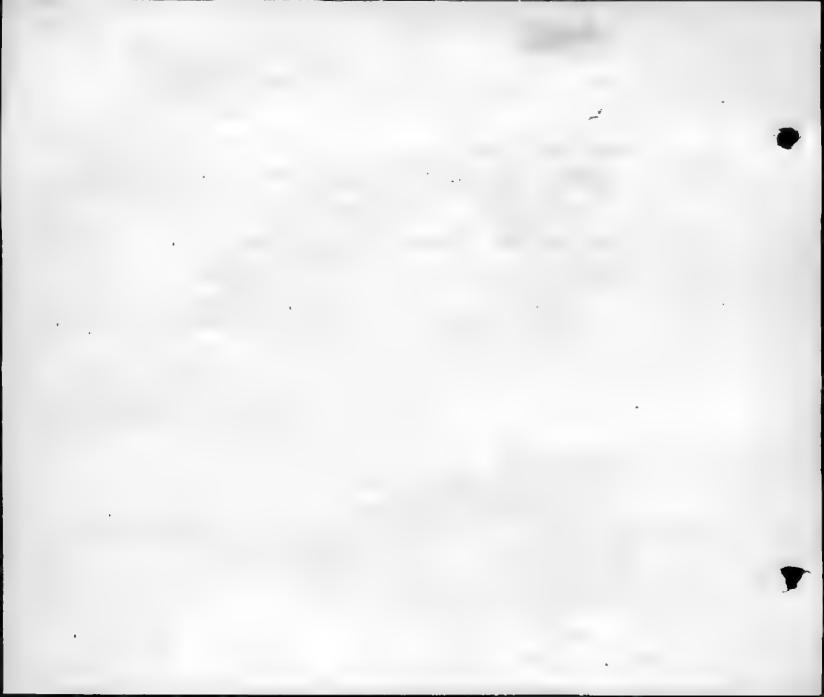
23d LOCATION (City, fawn, or county)

Hagerstown Wash 256 REGISTRAR'S SIGNATURE

Andrew K. Coffman Hagerstown Md. DATE SEP 9 '60 Children S. Frank

(State)

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. IS RESIDENCE

ON A FARM?

YES NO TE

Year

19

USA

ONSET AND DEATH

PERFORMED? YES NO T

(State)

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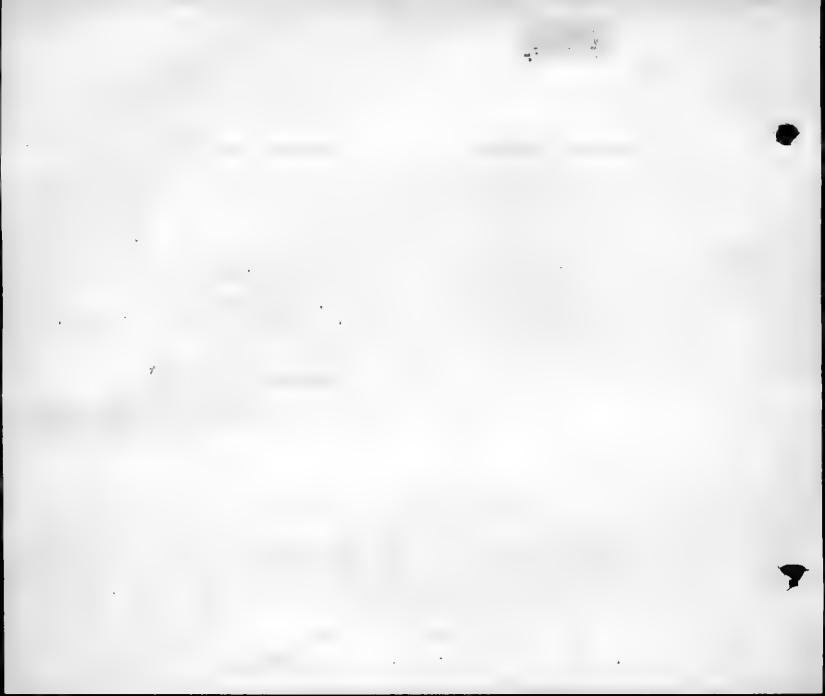
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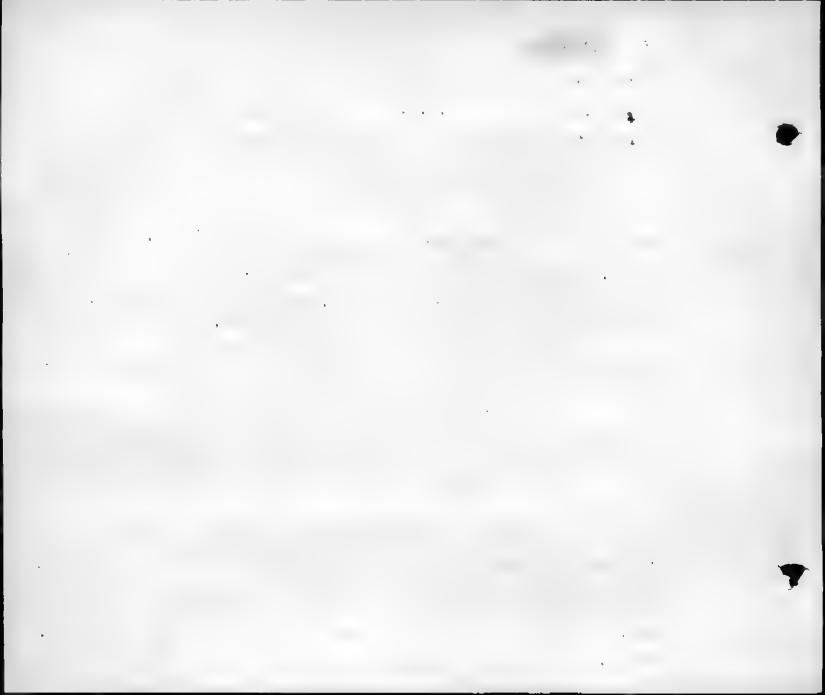
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

302

of director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Washington o. STATE Washington MARYLAND Maryland funeral c CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) D. O. A. 20 Hagerstown Hagerstown shoul d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS B IS RESIDENCE OR INSTITUTION ON A FARM? 20 310 Bryan Place Washington County Hospital YES NO TE .⊑ 5 NAME OF Middle DATE Month Day Year DECEASED Sept ember 1960 28 STOTLER death. ELLA DEATH Pages (Type or print) CECTLE 9 AGE (In years IF UNDER I YEAR IF JNDER 24 HRS 5 SEX 6 COLOR OR RACE MARRIED | NEVER MARRIER X B. DATE OF BIRTH lost birthday) offer Manths Female White DIVORCED | June WIDOWED | 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) contain pu USA Hagerstown Wash Own Home Co Md. Housekeeper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lutie V. Summers with Stotler John remove 16. SOCIAL SECURITY NO 17, INFORMANT Address 15 WAS DECEASED EVER IN U S. ARMED FORCES? 147 Belview Ave Daniel 0. Statler No ${ t None}$ 18. CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c).] INTERVAL BETWEEN Hagerstown ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO metastasii to chest removal Canditians," if any, which (6) gave rise to immediate DUE TO couse (o), stoting the underlying couse ost. burial-transit Б CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 119. WAS AUTOPSY cremation, PERFORMED? YES NO TE 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18.) 20a ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING | CAUSE OF DEATH the (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f (City or tawn) (Stote) Day, Year (County) factory, street, office bldg , etc.) Hour a.m. While Not while at work at work p, m Sept 28, 1960, that (1) (we) last eq. 19 60, and that death accurred at 2.6M, from the causes and an the date stated above. Health saw the deceased alive an detach 220. SIGNATURI SIGNED ATTENDING PHYS MED. STAFF e q. M D Board 22c PHYSICIAN'S 22d. ADDRESS 3 should NAME (Type) DWARD page 3 sh the State 23b. DATE THEREOF 23d LOCATION (City, town, or county) 230, BUR AL, CREMATION 23c NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) /60 Hagerstown Wash Co Md Haven Rest Burial Cematery 25b. REGISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR Caller & Hours DATE OCT 3 VR A15 (4) andrew K. Coffman Hagerstown 15M 9/S9

filled law requires that the death certificate be executed cmmph pup physici altending á been signed by attending physician. certificate hos ğ by the may be retained by the TO FUNERAL MIRECTOR:



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10816

CERTIFICATE OF DEATH

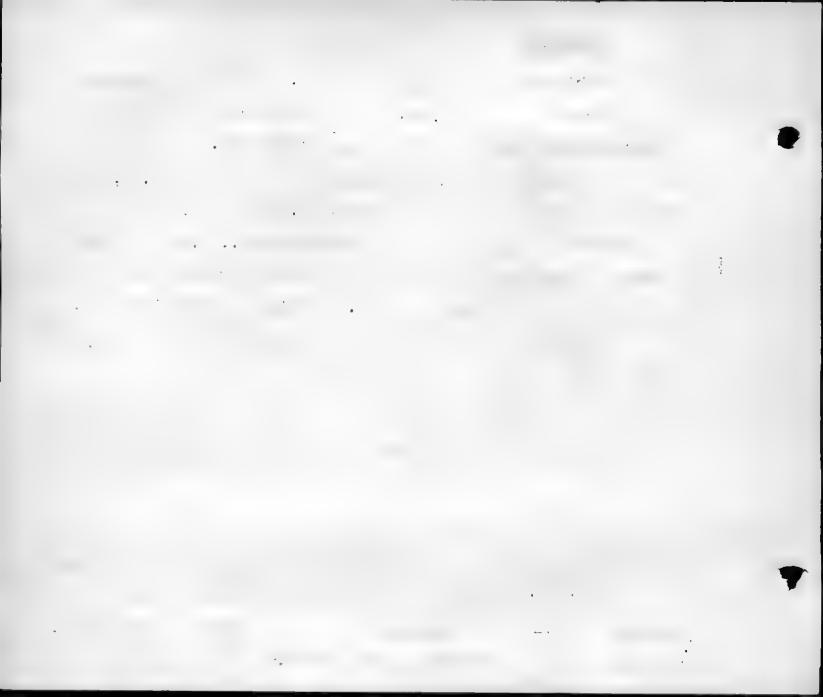
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1. PLACE OF DEATH 5. COUNTY	-		ed lived. If institution: Residence before admission)
Washington	MARYLAND	o. STATE	Allegany V
b. CITY OR TOWN (If outside corporate limits		c. CITY OR TOWN (If outside corp.	orote limits, write RURAL and give negrest town)
RURAL and give nearest town)	0	Constant and	010'
d. NAME OF HOSPITAL (If not in hospitol, gi	ve street oddress)	d. STREET ADDRESS	e, IS RESIDENCE
OR INSTITUTION	· ·		ON A FARM?
Hancock Rest Ho	one	103 Race S	t. YES NO
). NAME OF First DECEASED	Middle	Lost 4. DATE OF	Month Day Year
(Type or print)	Ida	Stotler	Sept. 8. 19 60
SEX 6. COLOR OR RACE	7- MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Female White	WIDOWED A DIVORCED	Sept. 10, 1867	O2 yrs. Months Days Hours Min.
Da. USUAL OCCUPATION (Give kind of work d		STRY 11. BIRTHPLACE (Stole or foreign	
during most of working life, even if retired)		7-3-3-6	127 TT
HOLLOWITE 3. FATHER'S NAME		Berkeley Co.	, W.Va. USA
S. FAITIER S NAME			
### Thomas		Sarah No	
S WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no, or unknown) (1) yes, give wor or defect of se		NFORMANT	Address
Ме		rs. B. Britt	Cumberaand. Md.
18. CAUSE OF DEATH [Enter only one cou		, /	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY.	Den el .	1 matting Pl	ONSET AND DEATH
IMMEDIATE CAUSE (o)	The state of the s	1 or and	my years
DUE TO	0		
Conditions, if ony, which) (b).			
gove rise to immediate couse (a), stating the under-			
lying couse lost. (c)			
PART II. OTHER SIGNIFICANT COND	OTTIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
·			YES NO
20a. ACCIDENT WAS UNDERLYING	206. DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in Port I or Pa	
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	r 20d INJURY OCCURRED 20e. Pi	LACE OF INJURY (Home, farm, 20f, (Cit	ry or town) (County) (State)
Hour o, m.		octory, street, office bldg., etc.)	y or town) (County) (State)
p. m. 19	of work of work		
21 I certify that (I) (this hospital)	attended the deceased fram.	Jun 190 010	Kelot of 1960 that (I) (we) last
saw the deceased alive an	1-2819 60 and that	death accurred at " M from	the causes and on the date stated above
22o SIGNIATURE	A dia ma	death addition of the state of	A 22b DATE
1 15 M 1 1 1 1 1	101	M.D PHYS DIRECTOR	STAFF STAFF
22c MYSICIAN'S		224 100000	
NAME (Type) Dr. B.M.	Schindler	Cumberland,	ene Street
3a. BURIAL, CREMATION, 23b. DATE THEREO			ATION (City, town, or county) (Stote)
REMOVAL (Specify)	0 0	230 1007	-la-la-la-da-da-da-da-da-da-da-da-da-da-da-da-da
Burial 9-12-6	The second secon	Ве	rkeley Springs, W. Va
TONERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGIS	
karnet Heller	<u> Berkeley Spri</u>	ngs, WJVesEP 14'6	60 Clather & foliage

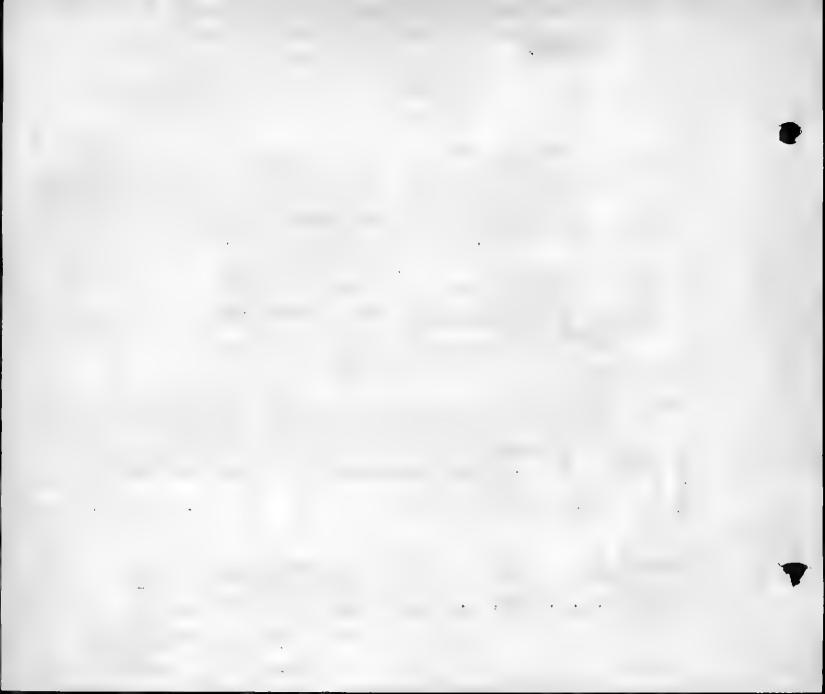
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THE FULLERAL DIRECTOR: After this certificate has been signal by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death. er death. Page 4 ITTINIIIG FIFYSICEN: The for requires that the death certificate be executed within 24 haug

TO HOSPITAN VR A1S {4} 1SM 9/S9



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6.8 e				ME	DICA	L EXAMINE	R'S	CERTIFICAT	TE OF	DEATH	Dan Di	200	783
uld L	_	-	PLACE OF DEATH	TAOT				2. USUAL RESIDENCE (V	Mara dansa	and Country III to a Nite	Reg. Di		destroised
should be cremation	NA)	ļ.,	. COUNTY	Washingto	n	MARYE	AND	o. STATE Mary		b. COUNT		ingt	
Page 4	I W I		ond give negresi lower	autode corporate limits, write li		c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (II	autside corp	orale limits, write			
Po Po to bu		L	Wever	ton		0		, Sandy	Hook	(Rura	1)		
io io	X	ľ		AL OR INSTITUTION (IF		itoi, give street oddress)	d. STREET ADDRESS	_			(<	S RESIDENCE ON A FARM?
dir files	1	-	U. S.	Route #34	0				Knoxv				NO OF
If any delay e funeral d for your fil			DECEASED (Type or print)	First WAYN	<u>E</u> 1	MILL IAM	TF	RIBBY	4. DATE OF DEATH	Monii Septemb	-	Day	1960
표 한 상 원		5. :	EX	6. COLOR OR RACE 7	· MARRIE	D NEVER MARRIED	Ď 8.	DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF U	NDER 24 HRS.
death. If d 3 to the retained for 2 with the			Male	White	VIDOWED	DIVORCED [) c	an. 4. 191	12	18 yrs.	Months D	Days Hou	rs Min.
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2, and 7 be re and 2		<u></u>	HOLDON		<u> Y</u>	.M.C.A.		Knoxville		•	la gradua	USA	
5 6 7		13.		West Trib	hπ			14. MOTHER'S MAIDEN N		ta Dean	671		
24 hour Pages 3 age 5 m e pages		15.	WAS DECEASED EV	ER IN U. S. ARMED FORCE	ES? 16. S	OCIAL SECURITY NO.	17. IN						
ithin 24 h Give Poge 3. Poge		[Yet	No. or unknown)	None	21	8-40-2897	1			n Tr ib b le Md	y		
- 第二条管				TH [Enter only one cause	per line fo	or (a), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH	
em 18. form F			PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Fr	acture Skul	1					Inst	
in Iter with fo	V			DUETO									
			Conditions, if a gave rise to imme	figle couse									
penci penci clong burial			(a), staling the cause lost.	underlying DUE TO								1	
icate shang" in Office a	w 27	z		IER SIGNIFICANT CONDI	TIONS COL	NTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. W/	AS AUTOPSY
certifico pending ner's Off	£ .	SATE										YES [RFORMED?
certi pen iner		CERTIFICATION	20a. EXTERNAL CAI PRIMARY Dor COI CAUSE OF DEATH.	JSE WAS 206.	DESCRIBE	HOW INJURY OCCUR	RED. (Er	iter nature of Injury in Por	t I or Port II	of item 18.)			
		_		BEI	cyck	stone butti	ress	while drivi	ing wes	t on Sta		#_340	
	21	MEDICAL	20c. TIME OF INJU		20d, IN While	Not while	e. PLAC facto	E OF INJURY (Home, form ry, street, office bldg, etc.	20f. (City	or town)	(Cour	ity)	(Stole)
AMINER Ving the v Medical Page 3 s	d	W.	11.50 p.m.	9-8- 1960	at worl	k at work	Stat	e R # 3110	Weve	rton, Wa	shing	ton,	larylan
EXA ritin of M								e, held an Autaps			-	, an	d find that
4 % 5 6			death teanted	ram: Natura: co	inses [J, Accident KI,	Suic	ide 🔲, Hamicide	: L_I, Ur	determined o	ause [_].		
o the Ch			ACTUAL SIGNATURE	1 STV	Sa	06		CHIEF MEDICAL EX	CAMINER			DA?	TE SIGNED
A d to						0		ASSISTANT MEDIC	AL EXAMINE		-9-60		
e the convoided UNERA			EXAMINER'S NAME (Type)	r. E. W. Di-	tto.	Jr.		DEPUTY MEDICAL	EXAMINER 5		/_/_		
cute the cer- forwarded to TO FUNERAL or removal.		220	BURIAL, CREMATIC REMOVAL (Specify)	N, 226. DATE THEREOF		22c. NAME OF CEMETER	RY OR	REMATORY	22d. LOCAT	ION (City, town,	or county)	(9	ilote)
5 5	767		Burial	19/11/60	B	rownsvill	e I	Igts.Cemet					
V\$. A15ME(K.	231	EUNERAL DIRECTOR	S GNATURE:	H	arpers Fe	rr	r.W.Val	D BY REGISTI		STRAR'S SIGI		
5M 9/55	/		· Voice	4 cueros	1			DATESE	P 1 3 '60	, , ,	1. 1. 1. 1		



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

'	o. COUNTY			ALABWI AND	o. STATE		ere deceased livea.	COUNTY		
		Washingto	1	MARYLANI		<u>Maryl</u>	and	ĮA.	ashin	gton
	b. CITY OR TOWN (If RURAL and give ne	outside corporate lim orest town]	its, write c. !	LENGTH OF STAY IN 11	tur		utside corporate lim		AL and give no	earest town)
	Hagersto			7Days			Maryla	<u>nd</u>		
	d. NAME OF HOSPITA	AL (If not in hospital (give street addri	ess)	d STREET	ADDRESS	-			e IS RESIDENCE ON A FARM?
V	"ashing vo	n_County	Hospi	tal	# Hand	cock	Warvlen	đ		YES NOTE
_	NAME OF	Fit	rst	Middle	10		4. DATE	Manth	T.	Day Year
	(Type or print)	20%	W1.0 T		(Th. s.e	2202	OF DEATH	Q	7	, , , , , , , , , , , , , , , , , , ,
-	SEX	6. COLOR OR RACE	nuel	Paul		rner			TINDED I YEA	.5 19 6(
3.	SEA	6. COLOR OR RACE		NEVER MARRIED			lost	birthday) M	ionths Doys	
	M	W	WIDOWED	992	9.8.19	·		() Aur [
110	la. USUAL OCCUPATIO during mast of work	N (Give kind of work ing life, even if retired	done 10b. KINE	OF BUSINESS OR IN	DUSTRY 11. BIRTHE	LACE (State	or foreign country)		12. CITIZEN C	OF WHAT COUNTRY
	Labor			arming	Harr	isonb	urg VA.		U.S	.A.
13	FATHER'S NAME				14. MOTHER	S MAIDEN N	AME			
1	Charl	es Turner	n		Caf	theri	ne Smitl	h		
	. WAS DECEASED EVER	IN U. S. ARMED FOR	RCES? 16. SOC	IAL SECURITY NO. 17	INFORMANT	<u> </u>	270 67112 01	Address		
T°	Mt. 700	If yes, give wer or dates of :		L-3.0-987L	Mildre	a T m	Immam II	onood	r Monar	han fr
=	NO I				MILLUPO	<u>u</u>	urner H	ancock		
		TH [Enter only one co	ouse per line to	r (o), (b), and (c).]					101	TERVAL BETWEEN
	PAKI I. DEAI	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1 12	forcum	1) mysc	andre	m			& lwar
	720	DUE TO	2	Λ	[
	Conditions, if or	y, which)	. Ur	Otiona On at	CATO	MA.	Theren In			Arrest
	gove rise to in	nmediate (W GOOD CRANER	,			VALUE OF THE PROPERTY OF THE P		
	lying cause lost.	ne under:	(0)	Tax in cho of	- here	1- 1,	41040		19	weble to
z		ED SIGNIFICANT CON		RIBUTING TO DEATH E	HIT NOT BE ATED T	O THE TERM	NAL DISEASE CON	DITION CINEN	(b) DART 1(-)	10 WAS ALTORSY
CATION	TAKE III. OTH	EK SIONIFICANI CON	ADITIONS CONT	KIBBI INO TO DEATH E	OT NOT KELATED T	O THE LEKMII	MAT DISEASE COM	DITION GIVEN	IN PART 1(0)	PERFORMED?
1 2								-		YES NO P
FETE	OR CONTRIBUTING	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER]	206. DESCRIBE	HOW INJURY OCCUP	RED. (Enter noture	of injury in F	art I or Part II of i	tem 18.)		
1 '			1							
MEDICAL	20c. TIME OF INJURY	Month, Doy, Ye	or 20d, INJUR While		PLACE OF INJURY factory, street, office			m)	(Caunty	y) (Stote
\A	р. т	19	of work	Not while of wark	,					
	21 I certify that	t (I) (this bosnita	I) attended	the deceased from	n XIII	X 10	60 to by	J 15	1060 1	that (I) (we) lost
		ed olive on		19 <u>60</u> , and tha			,			
	22o. SIGNATURE	ed onve on	19	- 17.952 / ond tha	T deathQoccurre	a art vt	m, from the t	ouses and	on the dot	22b. DATE
		V 42 10			ATTENDIN	NG / ME		FF _	1.4	SIGNED
	22c PHYSICIAN'S	1. 21 aug	L-		M.D. PHYS 22d. ADDI		RECTOR PHY	S. 🔲	2011	14,1966
	NAME (Type)	D C STA	سر جوجو ہے۔	2	220. ADDI	Lian.	+-	21		,
		11. 3, 31 A	UFFE	K		(tay)	ralown	-nia		
23	a. BURIAL, CREMATION REMOVAL (Specify)	N, 23b. DATE THEREC	OF 23	NAME OF CEMETERY	OR CREMATORY	0	23d LOCATION (City town, or c	county)	(Stote)
	Ruria?	9.18.60) 0:	liver Gro	ve Ceme	terv	Oldtow	n Alle	ganv	Md.
24	. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			BY REGISTRAR		AR'S SIGNATI	
	James	s F, Scar	pelli	Cumberla	nd, Md.	DATE SI	EP 1 9 '60	Cal	hur & Ha	-14A
-						DAIL W		CANCA	mer 21, 160	ALLA

10791

IS RESIDENCE ON A FARM?

YES NO

Yeor

1980

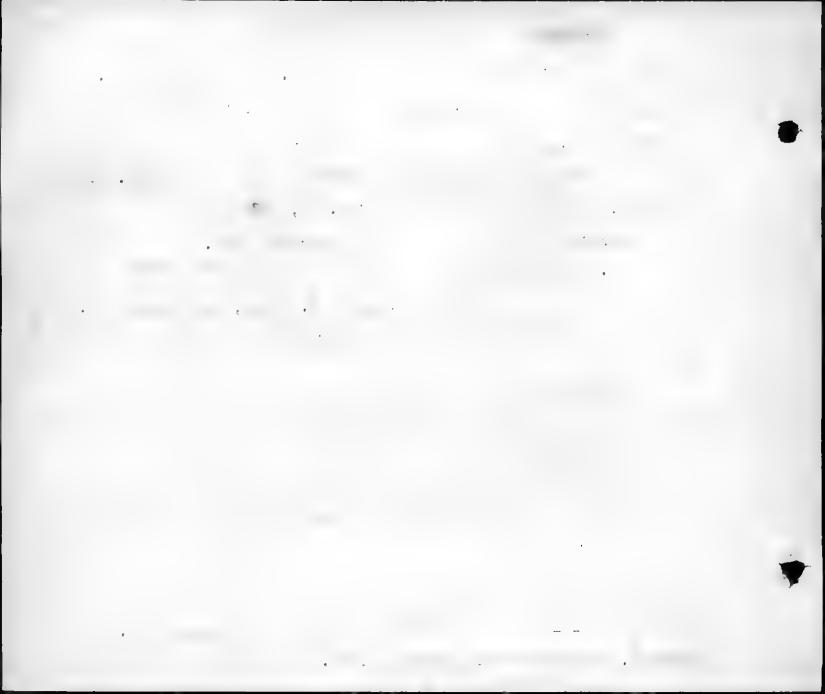
Rea. Dist. No.

Day

Wash.

	female	white	WIDOWED 📑	DIVORCED [Aug.	14, 1	87/4	87 yrs.	Months Doys	Hours Min
00	 USUAL OCCUPATION (during most of working 	Give kind of work of	one 10b. KIND OF BU	SINESS OR INDU	STRY 11 BIRTI	IPLACE (State	of toreign count	ry)	12 CITIZEN OF	WHAT COUNTRY?
	house						rg. Md			
3.	FATHER'S NAME					R'S MAIDEN N	AME			
	J.	Leonard	Vogel				Aman	da Sig	leb	
	. WAS DECEASED EVER IN	U. S. ARMED FORG		JRITY NO.	NFORMANT			Addre	P\$ 5	
	no		none	Le	onard	W. Un	ger. H	agerst	own. Mo	1.
_	18. CAUSE OF DEATH	Enter only one cou	use per line for (o), (b)	ond (c).]	4				INTI	ERVAL BETWEEN
	PART I, DEATH	WAS CAUSED BY	Marion	lessed 1	alenin	male	wai	1	ONS	SET AND DEATH
	1450	MEDIATE CAUSE (0) DUE TO	<u> Vernessa</u>		aleco.	7000				7
	Conditions, if ony,	which) (b)		•						
	gove rise to imm	ediote Due TO								
	lying couse last.	under-								
Z	PART II OTHER		DITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE CO	ONDITION GIVE	N IN PART I(o)	9. WAS AUTOPSY
2										PERFORMED?
Ĭ	20a ACCIDENT WAS U	NIDEBLVING ET	206. DESCRIBE HOW I	NIH IPY OCCUPE	D. /Entre natur	f	net Los Past II.	of Ham ID)		153 [] NO []
CERT	OR CONTRIBUTING (IF EITHER, NOTIFY MEI	CAUSE OF DEATH DICAL EXAMINER	200. DESCRIBE HOVY I	NOORT OCCORRE	D. (Enler notor	e or injury in r	011 1 01 1 011 11	or them 15)		
5	20c. TIME OF INJURY	Month, Doy, Yea		RRED 20e. PL	ACE OF INJUR	Y (Home, form,	20f. (City or	town)	(County)	(Slote)
WED	Hour o.m.	19	While Not wh	110	ctory, street, or	fice bldg., etc.				
	21. I certify that	Lastended the	dd & Q	2000	0 10%	O to Re	45	10/01	front I land a	v the deceased
	11-1	2 arrended me								
	alive on Alexander		7 196	nd that death	accurred					stated abave.
	ACTUAL	9 111.4	1/1/2				Z	t, city or town, s	itore)	G SIGNED
	SIGNATURE	V. WOLK	our		M.D	/5	4 Ous	Now,	,	16/6
	PHYSICIAN'S NAME (Type)	Wilson	o Van					me	2/	/ /
720	BUR AL, CREMATION,	22b. DATE THEREO	F 22 NAME	OF CEMETERY C	D CDEMATORY		22d 10CATIO	N (City, town, o	c county)	(Stote)
	REMOVAL (Specify)	9-8-60	aze: I delive	thsburg			Smith		Md .	(Jiore)
3.	FUNERAL DIRECTOR'S SI	GNATURE	ADDRE				BY REGISTRAF		TRAR'S SIGNATU	RE
S	cott F. Mj	innich &	Son, Smi	thsbur	g, Md.	DATE \$	EP 9 '6	0 0	Inthus S. K.	ineed

VS A15 (4) 15M 9/5B



March

2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn)

9 AGE (In years last birthday)

7 6 yrs

Hagerstown

4. DATE

DEATH

Marvland

106 East Ave.

d STREET ADDRESS

b. COUNTY

Month

Months

e. IS RESIDENCE

ON A FARM?

YES NO

Year

1960

Washington

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

d. NAME OF HOSPITAL (If not in haspital, give street address)

Western "d. State Hospita]

White

during most of working life, even if retired)

First

maiste

WIDOWED [

MARYLAND

c. LENGTH OF STAY IN 16

vears

6 COLOR OR RACE 7 MARRIED NEVER MARRIED 1 B DATE OF BIRTH

100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 111, BIRTHPLACE (State or foreign country)

Middle

Myrth Vance

DIVORCED [

PLACE OF DEATH o. COUNTY Washington

RURAL and give nearest town)

Hagerstown

OR INSTITUTION

Female

NAME OF

THE OWNER OF THE OWNER, THE OWNER

5. SEX

(Type or print)

b. CITY OR TOWN (If outside corporate limits, write

director, filed with filed \ funeral ģ shauld 1

by 2 puo = filled Pages death ofter CEME carbon papers hou and 2 mhysician 65 remaye affending please

certificate be execu≡d

á Ped ch burial-transit been emalion, has certificate Ę After detached > FUNERAL DIRECTOR: A by the har page 3 should be detached he Sinte P Health page 3 sh the State |

Vnknown Hagerstown . Md . 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Katherine Shedrach David Vance 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Carrie J. Vance Hagerstown 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Rt. CORCNARY OF CLUSION 15 12712 . IMMEDIATE CAUSE (o) **DUE TO** attiera sele 10515 Conditions, if any, which 2111/2 10001 gove rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? posterur myecardial intartin YES NO 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) a. m While Not while p. m. al work ol work , 1960, to Sept. 8 21. I certify that (1) (this hospital) attended the deceased fram Gardel __ 1960, that (I) (we) last saw the deceased alive on Sept. 8, 1960, and that death occurred at MM, from the causes and on the date stated above. 220 SIGNATURE SIGNED Victor L. Kamas MD PHYS MED DIRECTOR 22c. PHYSICIAN'S NAME (Type) Unstern Md. State Hespita 23a BURIAL, CREMATION. 23b. DATE THEREOF 23d LOCATION (City, town, or county) 23c NAME OF CEMETERY OR CREMATORY (Stote) REMOVA. (Specify) -8-60 Hagerstown Rest Haven Cemetery Euria. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25g REC'D BY REGISTRAR ALd . DATE SEP 1 3 '60 arthur S. Krous Scott F. Minnich & Son Hagerstown

2 VR A15 (4) 15M 9/59



5. SEX

Female 10a. USUAL OCCUI

Eheodor S. WAS DECEASED No 1B. CAUSE OF

13. FATHER'S NAMI

death. Page

within 24 hau

death certificate be requires that the

o FUNERAL DIR poge 3 should it

9

TO HOSPITA

registror

MA	TYLAND	STATE DEPAR	TME	NT OF HEAL	TH-	-BALT	IMORE, 18	3		W () 6:
107	91	CERTIF	ICA	TE OF DEA	TH			Reg. Dist. 1		793
PLACE OF DEATH d. COUNTY Washington		MARYLA	- 11	2. USUAL RESIDENCE o. STATE			b. COUNTY	Residence b		ion)
b. CITY OR TOWN (If outside corpor RURAL and give nearest town)	ole limits, write	c. LENGTH OF STAY IN	1 16	c. CITY OR TOWN)
Hagerstown		10dys/	[]	Hagerst	OWIT)				
d. NAME OF HOSPITAL (If not in hoo of Institution Washington Count	ac Str	eet	3		DENCE FARM? NO 🔼					
NAME OF DECEASED (Type or print)	fint lice	Weagley		Wagner	4	DATE OF DEATH	Sept	1	6"	^{reor} 60
Female Whit	e widowi			Aug. 6, 18			lost birthdoy) 7	Months Do		R 24 HRS. Min.
o. USUAL OCCUPATION (Give kind o during most of working life, even if Owner Operator Sp	retired]		INDUST	Caveto	wn.	Wash.			OF WHAT	COUNTRY?
FATHER'S NAME Eheodore Weagley				14. MOTHER'S MAIDE		_				
WAS DECEASED EVER IN U. S. ARM		SOCIAL SECURITY NO	17 (NI	FORMANT	e on	MILL	Addres			
es, no, ar unknown) (If yes, give war ar	lates of service)	SOCIAC SECORITT NO.	17. 1139	VAMMENT			Addres	\$		
No (None	<u> </u>	Louise Wea	gle	y. Mi	ddletown.	Md.		
18. CAUSE OF DEATH [Enter only	ane cause per li	ne for (o), (b), and (c).}						1	NTERVAL BE	TWEEN
PART I. DEATH WAS CAUSE	D BY: Pul	monary Emb	olus	*				C	30 miz	
17642	OUE TO			_						
Canditions, if any, which	(b) Inr	ombophlebit	is,p	elvic					?	
gave rise to immediate couse (a), stating the under-	DUE TO									
lying cause last.	(c)									
PART II. OTHER SIGNIFICAN		ONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TE	RMINA	AL DISEASE	CONDITION GIVEN	LIN PART 1(c	19 WAS A	UTOPSY
Squamous ce										RMED?

lying cause I PART II. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour a. fl. foctory, street, affice bldg., etc.) Not while of work p. m. 21. I certify that I attended the deceased from Sept. 7th..., 1960., to Sept. 16..., 1960, that I last saw the deceased alive on Sept 16

and that death accurred at 7:40P_M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 131 W. Washington Street Hagerstown, Md. PHYSICIAN'S NAME (Type) John H. Kehne M.D

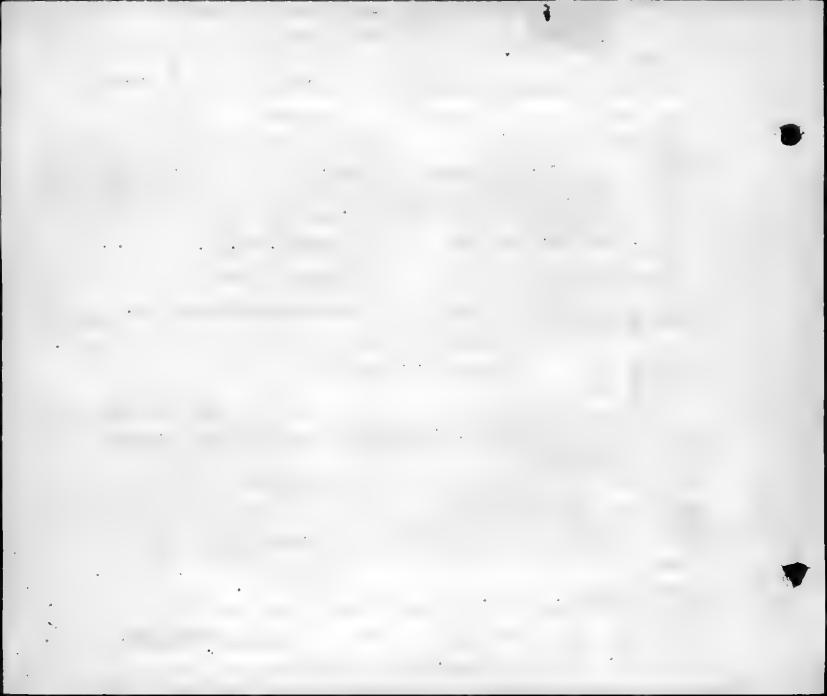
220. BURIAL, CREMATION, REMOVAL (Specify)
Burial
9/19/6 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION [City, tawn, or county] 9/19/60 Hage to the hagh

23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRAR'S SIGNATURE Andrew K. Coffman, Hagerstown, Md.

V\$ A15 [4] 15M 9/55

\$50.9 n '60

(State)



VR A15 (4) 15M 9/59

	o. COUNTY	Washington			MAR	YLAND	2. 0	STATE MAJ	ryla:		d lived. b	If instituti COUNTY	Wash	ingt.	on ón	on)
	b. CITY OR TOWN (II RURAL and give no	f outside corporate lim grest town) Hagerstown	its, write	c. LENG	D.O.A		3	CITY OR TOV		utside corpo msp or 1			RAL one	give nec	rest town)
	or institution Washing	ton County	Hosp	oddress) ital	-			d. STREET ADD		msport	t R#	/2			e. IS RESI ON A YES	FARM?
	NAME OF DECEASED (Type or print)	Cather i ne	Elle	n	Middle Netti			Watkin:	S	4. DATE OF DEATH		Sept		17	,	Year 1960
S.	SEX	6. COLOR OR RACE	7- MARE	RIE DE T	VEVER MARR	IED 🔲	B. DATE OF BIRTH 9. AGE (in years FUNDER 1 YEAR IF UNDER 1 GAS Hours House Ho									
	Female	White	WIDOWI	ED 🔲	DIVORCI	ED 🔲	(October	18,	1907	52	ottingay)	Months	Days	Hours	Min.
10c	usual occupation during most of work House	ON (Give kind of work ing life, even if retired WIIE	done 10b.		wn Hon		TRY			or foreign costown,			12.C	USA	WHATC	OUNTRY?
13.	FATHER'S NAME						14.	. MOTHER'S MA	AIDEN N	IAME						
	Lu	ther M.Sto	ner					Anna	a L.	Metzei	r					
15		R IN U. S ARMED FOI If yes, give war or dates of :			SECURITY NO			MANT k F.Wat	kiņs	∩R#2	wil	Add		,Md.		
CERTIFICATION	Conditions, if or gove rise to it couse (o), stoling lying couse lost. PART II. OTH	mmediate (D) D) D) D) D) D) D					RELATED TO TH					VEN IN PA	ART 1(o) 1	PERFO	AUTOPSY RMED? NO 23
MEDICAL CER	(IF EITHER, NOTIFY 20c TIME OF INJUR Hour o. m. p. m.	MEDICAL EXAMINER)	While		OCCURRED of while work			OF INJURY (Hos street, office bl			y or low	(n)		(County)		(Stole)
		t (I) (this horning ed alive on	Youn	16 eu	J., and	d that d	leath M.D	ATTENDING PHYS [22d ADDRESS 101 E.F		ED RECTOR [STA PHY	rs 📋		he date	ysted 28	we) last above p DAE algund
L	BUR AL, PREMATIO REMOVAL (Specify) Bur Val	9/21/6		1				netery			erst	own			(Stot	e)
24	FUNERAL DIRECTOR		en?		DORESS					EP 21		256 REG	STRAR'S	SIGNATIL.	RE	
L		n Funeral			Haget	rstow	n,)	Md. D	ATE 5	EFZI						
	When	. Ce. vo	500	X												



death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau TO HOSPITAL

	CERTIFICA	TE OI DEATH	
), PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (Where deceosed sived If instruction STATE In COLIN	
WASHINGTON	MARYLAND	MARY CAND 6 COUR	WASHINGTON
 CITY OR TOWN (if outs de corporate limits, writ RURAL and give nearest town) 	1 1	c. CITY OR TOWN (If outside corporate limits, write	te RURAL and give nearest town)
HAGERSTOWN	LMOS 22das	HAGERSTOWN	
 d. NAME OF HOSPITAL (If nat in hospital, give stre OR INSTITUTION 	set address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
<u>WESTERN MARYLAND STATE HO</u>	OSPITAL	217 W WASHINGTON STRE	ET YES NO 1
3. NAME OF DECEASED (Type or print) Earl	Middle G-	WATSON 4. DATE OF DEATH	Month Day Year 1960
S SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yellost birthdo	ors IF UNDER 1 YEAR IF UNDER 24 HRS Y) Manths Days Hours Min.
MALE WHITE WIDO	WED DIVORCED	1 - 0 - 0 - 0	yrs Ddys 110013 Milli,
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	06. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or fareign country)	12 CITIZEN OF WHAT COUNTRYS
METER TESTER	MUNICIPALITY	MARYLAND	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
CHARLES M WATSON		ANNA BRENNER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address
NO	220-34-0753 1	AISS HELEN B WATSON HAGE	RSTOWN MARYLAND
18. CAUSE OF DEATH (Enter only one cause pe	r line for (a), (b), and (c)-]	77-	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	Tobula	r fneumonia	2 Week
DUE TO	n		
Conditions, if any, which) (b)	12ron Cho	genic Carcinoma	delung 6 mon
gave rise to immediate Couse (a), stating the under-	0		0 0
lying cause last. (c)			
PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION	G-VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	tasis, Kigi	it lung	YES NO
(IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of undry in Part 1 or Part 11 of item 18.))
		ACE OF INJURY (Home, farm, 20f. (City ar tawn)	(County) (State
Hour o. m. 19 at 19	vark at work	Δ	/ /
21 I certify that (I) (this hospital) atte	ended the deceased from	June 9. 19/00 10 Sept.	19.60 that (I) (we) las
saw the deceased alive on Sept	- / /		ond on the date stated above
22a SIGNATURE	100	17:45	Carl 22b DATE
found to	Thun	M.D PHYS DERECTOR PHYS	Sept. 196
72c PHYSICIAN'S NAME (Type)		22d, ADDRESS	11
Dr. Young E.	Chun	1500 perena. 15	ve Hagerstonny
23a BUR AL CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City tow	wn, or caunty) (State)
BURIAL 9/3/60	REST HAVEN (CEMETERY HAGERSTOWN	MARYLAND
24 SUPPLIES FUNERAL HO	ME HAGERSTOWN N	SSO. REC'D BY REGISTRAR 256. R	EGISTRAR'S SIGNATURE



PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a STATE b. COUNTY MARYLAND Washington Marvland b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 4 Mo-7 Days Cumberland Hagerstown d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Western Maryland State Hospital YES NOT 517 Greene Street NAME OF DECEASED Middle DATE First Month Year OF DEATH (Type or print) 19 rence 40 S. SEX 6. COLOR OR RACE B. DATE OF BRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Hours DIVORCED [Male White WIDOWED [June 11.1897 yrs 12 CITIZEN OF WHAT COUNTRY? 100 LSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) U.S.A. Linotype operator- Cumberland Times Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel D. Ways Barbara Wiegand 15 WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 517 Gréene Street. Cumberland, Maryland Mrs. Edith A. Ways No INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for); (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY Weeks IMMEDIATE CAUSE (a) DUE TO Conditions if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH WEDICAL TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stale) foctory, street, office bldg., etc.) Haur a.m. While Not while at wark at wark p. m. 21. I certify that (1) (this hospital) attended the deceased fram Al-19. 60 that (1) (we) last saw the deceased alive an SAD **∠** and that death accurred at ∠ fram the causes and an the date stated above 22a. SIGNATURE SIGNED ATTENDING M.D. DIRECTOR . 22d. ADDRESS 22c PHYSICIAN NAME Type Young Chun 23b. DATE THEREOF BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county (State) REMOVAL (Specify) **6**0 Cumberland RoseHill Cemetery 25h. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 2Sq REC'D BY REGISTRAR

Maryland

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H. Lee Silzox

Cumberland

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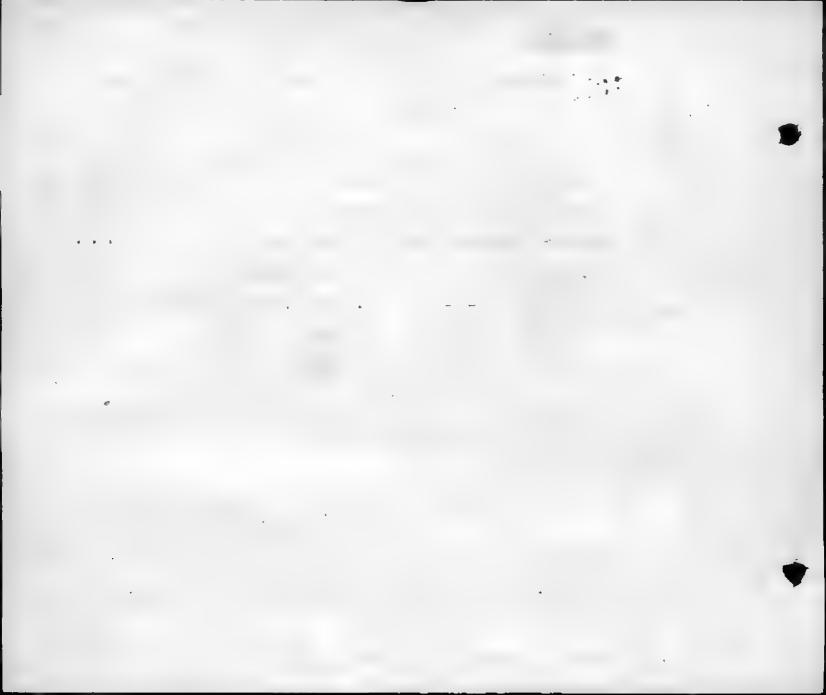
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. CERTIFICATE OF DEATH

o. STATE

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June

8. DATE OF BIRTH

Maryland

d. STREET ADDRESS

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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

9. AGE (In years lost birthdoy)

Hagerstown

DEATH

801 Mulberry Ave

b. COUNTY

Washingtton

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Months

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e. IS RESIDENCE

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22b, DATE SIGNED

-23-60

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PLACE OF DEATH

Washington

OR INSTITUTION

Female

RURAL ond give nearest town)
Hagers town

801 Mulberry Ave

o. COUNTY

NAME OF DECEASED

(Type or print)

10795

d. NAME OF HOSPITAL (If not in hospital, give street address)

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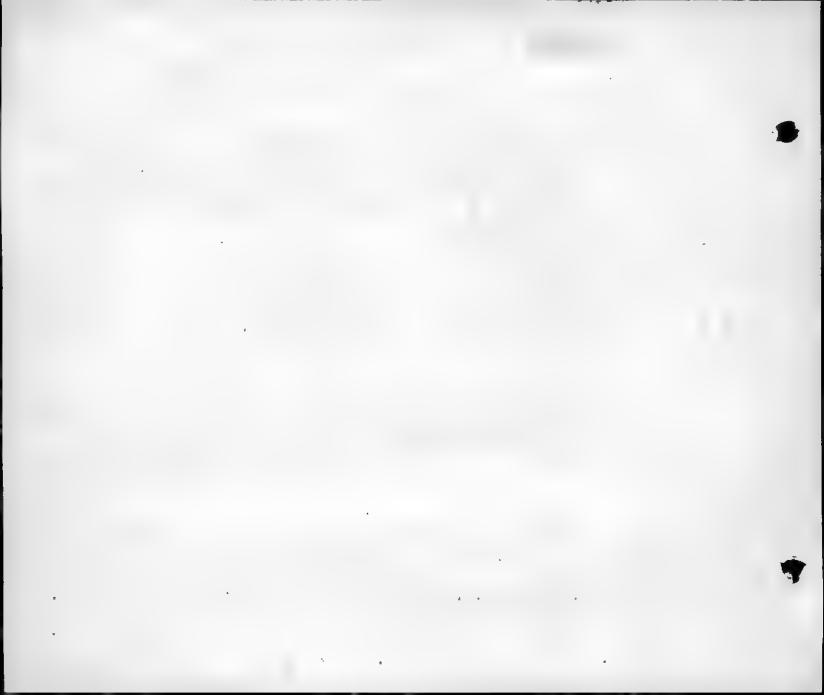
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b. CITY OR TOWN (If outside corporate limits, write

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law requires that the death

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Seamstress Self Employed Paramount Wash Co USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Lohr Barbara Clopper 17. INFORMANI 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address No Miss Leola Lohr 801 Mulberry Ave None CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN Hagerstown Md. ONSET AND DEATH PART I DEATH WAS CAUSED BY: 3 ws IMMEDIATE CAUSE (6) DUE TO 9 remayal. Canditions, if only, which (b) gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) Hour o. m. Not while While at work ot work p. m. 9-23- 1960 that (1) (we) last 21 I certify that (I) (this haspital) attended the deceased fram. 3 - 20 1957, ta detached TO IUMEAL IMECTOR: A page 3 shauld be detarked the contraction of the 1960, and that death accurred at AM, from the causes and an the date stated above. saw the deceased alive an 2-220 SIZNATURE ATTENDING PHYS STAFF M.D DIRECTOR -Board 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) Dalton Rtomac Ave. Hagerstown. Welty. ø ġ 23a BUR AL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown, or county) REMOVAL (Specify) Burisl Rose will Cemetery Hagerstown 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25a REC'D BY REGISTRAR Andrew K. Coffman Hagerstown Md. Election & France VR A15 (4) 15M 9/59



2, USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) b. COUNTY Washington MARYLAND Maryland b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 .c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give negrest town) (Rural) Williamsport Md week 1 day Hagerstown d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? Washington County Hospital RED Williamsport Md YES NO K NAME OF First Middle 4. DATE Month Year Day DECEASED Kona ld Jay Whipp DEATH Sept. 1960 (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 9 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH lost birthday) Months Sept. 22 1960 Male White DIVORCED | WIDOWED | 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A Hagerstown none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Whipp Phyllis Whittington IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Williamsport Md. No None INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: **DUE TO** Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES 🔲 NO 🏞 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part Is of Item 18.) 20c. TIME OF INJURY Manth. Doy, Year 20d. INJURNOCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (Stote) (County) foctory, street, affice bldg, etc.) Hour a.m While Not while of work of work p m 30 160, that (1) (we) last .ta. 1960, and that death accurred at 1.2M, from the causes and an the date stated above sow the deceased alive an 220 SIGNATUR 22b DATE SIGNER ATTENDING. M.D. PHYS. DIRECTOR | PHYS. 22c. PHTSICIAN'S 22d, ADDRESS NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) 230 BURIAL, CREMATION, REMOVAL (Specify) Williamsport Maryland Greenlawn Cemeterv Oct Burlal 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR

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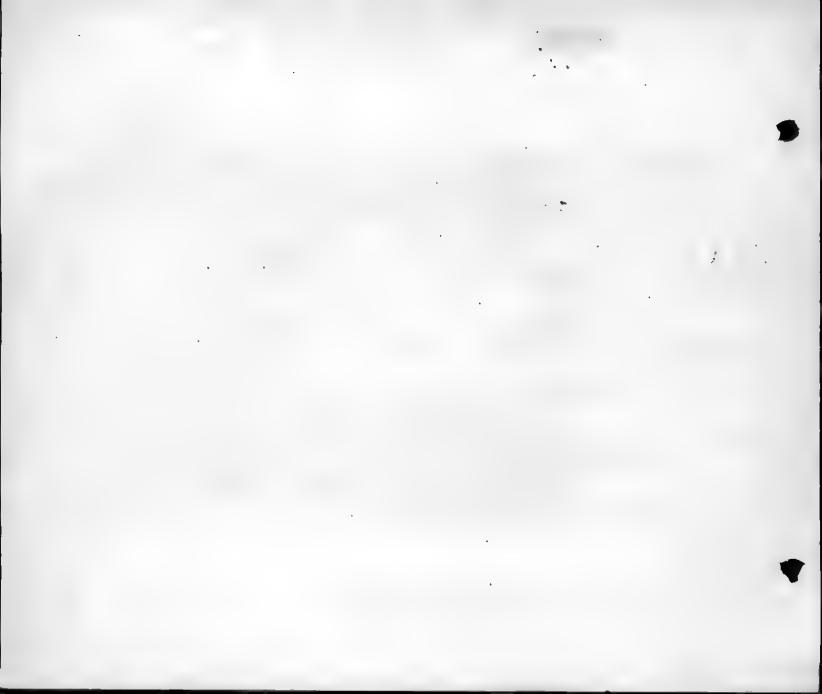
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VR A1S (4) 1SM 9/59

Seas Birth Certw 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. STATE b. COUNT MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) e. IS RESIDENCE ON A FARM? YES NO d. NAME OF HOSPITAL (If nat in hospitol, give street oddress) d. STREET ADDRESS 4. DATE Middle Yeor OF DEATH IF UNDER 3 YEAR IF UNDER 24 HRS 9. AGE (J 6. COLOR OR RACE B. DATE OF BIRTH AGE (years last birthday) 7. MARRIED NEVER MARRIED Days Haurs WIDOWED IT DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of warking life, even if retired) RSTOWN WASH. CO. 14. MOTHER'S MAIDEN NAME KECORD Naomi WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO 17 INFORMANT Address EEDYSVILLE INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** ſЬ DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(a) 19 WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, affice bldg., etc.) While Not while at work O of work 1960, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an and that death accurred at A.M. from the causes and on the date stated above. SIGNED ATTENDING PHYS MED DIRECTOR STAFF PHYS. M.D. 22d. ADDRESS 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown, or county) (Stote) REMOVAL (Specify) WASH, COINTO, りせないみ 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATUR **ADDRESS** 25a. REC'D BY REGISTRAR BOONSBOKO DATE SEP 1 4 '60 Chilling L. Kraus



or removal

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10798 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10801

Reg. Dist. No.

/	1. PLACE OF DEATH	ASHINGTO	V	MARYLAN	- 1	O. STATE		here deceas	ed lived. If Ins b. COU			NGTON	_
	b. CITY OR TOWN (III HAGERST	outside corporate limits, writ	RURAL C.	LENGTH OF STAY IN	ь	c. CITY OR TO		eutside corp ERST(oorote limits, wi	ite RURAL and	give ne	orest fown)	
Q	d. NAME OF HOSPITA	AL OR INSTITUTION (If nat in hospita	, give street address)		d. STREET ADD	DRESS					e. IS RESIDE	
ř	WASHINGT	ON COUNTY	HOSP:	ITAL (D.O	. A.) 4	-28	Belve	edere .	Road		YES NO	
,	3. NAME OF -DECEASED (Type or print)	WILI		Middle THOMAS		YOSI		4. DATE OF DEATH	SEP	T.	30	Yeor 19 6	50
	s. sex Male	White	WIDOWED		De	907			9. AGE (th years lest birthday) 52 yr	Months	-	Haurs Min.	-
	10a. USUAL OCCUPATIOn during most of working Princip	N (Give kind of work g life, even if retired)	done 105. KING Pub. Edi	of Business or Ind lic School ucation	USTRY	11. BIRTHPLACE	E (State	or fareign o	va.	12. CITI		S. A.	
	13. FATHER'S NAME				1.	. MOTHER'S MA							
	Rev. L	. D. Yos	t			El	iza	beth	Neff				
1	15. WAS DECEASED EVE (Yes, no, or unknown) No	R IN U. S. ARMED FO (If yes, give war or dates of	RCES? 16. SOC	TIAL SECURITY NO. 17			400		e M. Y		Wif	(e)	
	/	N [Enter anly one cou	se per line for	(o), (b), and (c).]		110001	200	1177	mar) ma	III C	INTER	AL BETWEEN	
-		H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coro	nary Occlu	sio	n					5	min.	
	2010	DUE TO											
		Conditions, if any, which cover the to immediate course (b) Coronary Atherosclerosis, Severe Recent											
	(o), stoting the u												
	couse last.) (c											-
1	PART II. OTH	ER SIGNIFICANT CON	DITIONS CONTI	RIBUTING TO DEATH BU	JI NO	RELATED TO TH	IE TEKMI	NALDISEAS	E CONDITION (SIVEN IN PAK		PERFORMED ES ANO)?
1	PART II. OTH 200. EXTERNAL CAU PRIMARY D or CON CAUSE OF DEATH.	SE WAS	b. DESCRIBE HO	OW INJURY OCCURRED), (Ente	r noture of injury	y in Port	I or Port II	of item 18.}		1.		
	20c. TIME OF INJUR	Y Month, Day, Yes	While			OF INJURY (Hon , street, office ble			ar tawn)	(Cau	inty)	{Ste	ote)
	21. I certify th	ot I took charge	of the rem	oins described o	bove	, held on A	utopsy	1 2 II	nspection	, Inquir	у 🔲.	and find	that
		from: Noturol	couses P.	Accident ,	Suicio	le 🔲, Hor	nicide	□, U ₁	ndetermined	cause 🔲		D 4 27 C (C) (B)	
	ACTUAL SIGNATURE	WW.	Jell	20		A.D. CHIEF MED	ICAL EX	AMINER [(2/	DATE SIGNE	D
	EXAMINER'S NAME (Type)	FW	71.7	Toh	>			L EXAMINE		//	13	960	
	22a. BURIAL, CREMATIO	N, 226. DATE THEREC)F 22c	NAME OF GEMETERY	OR CR	EMATORY		22d. LOCA	TION (City, law	n, ar county)		(State)	
	Burial	Oct. 3,	1960		eme	etery			pherds			st Va	R
	23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		24	lo. REC'E	OCT 4	760 RAR 246. RE	GISTRAR'S SIG			
	H.K.D	rown	Mar	tinsburg.	W	Va. o	ATE	1001 7		(, , , , , and)	20, 1		

. The street - 100 (=1] William States I State of the S Service and the service of the servi

RECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with be detached for use as the burial-transit permit. Then please remave carban papers. DRILEYAN TO HOSPITAL

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

r death. Page 4

TO FUNERAL DI	the State Board		
15 (4)			

4	J	10818	CEKTIFICA	TIE OF DEATH
		LACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	0	WASHING-TON	MARYLAND	MARYLAND WASHINGTON
	1	CITY OR TOWN (If outside corporate limits, write	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	1	RURAL and give rearest town)	20 VEDIES	NAT ADIZAME - PURA
1		I. NAME OF HOSPITAL (If not in hospital, give street ad		d. STREET ADDRESS e. IS RESIDENCE
		OR INSTITUTION	711	CONTRACTOR ON A FARM
	2 1	TEEDAZAILLE IXI	7. (1).	The product with the same
	0	NAME OF First DECEASED	Middle	OF
	-	Type or print) TRANK		MIMERMAN SELEMBER O.
	5. \$	THE STATE OF THE S		lost birthdoy) Months Doys Hours Min
	_/	MALE WHITE WIDOWED		JANUARY 15-1961 59 ms 7 23
	100.	USUAL OCCUPATION (Give kind of work done 10b. KI during most of working life, even if retired)	ND OF BUSINESS OR INDU	ISTRY 11. BIRTHPYACE (State or foreign country) 12. CITIZEN OF WHAT COUNTI
	-	FARMER T	ENANT	DARCAN WASH CO. MD. HIS.A.
)	13. 1	FATHER'S NAME		14. MOTHER'S MAIDEN NAME
/		HENRY F. ZIM	MERMAN	LUCY BADGER
		WAS DECEASED EVER IN U/S. ARMED FORCES? 16. SC	OCIAL SECURITY NO. 17. II	NFORMANT Address
		NO	M	IRS. MARTHA ZIMMERMAN KEEDYSVILLE MD.
		1B. CAUSE OF DEATH [Enter only one couse per line		INTERVAL BETWEEN ONSET AND DEATI
Н		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Margan	a. Uhrombozio
		DUE TO		
		Conditions, if ony, which]		O .
		gove rise to immediate		
		cause (o), stoting the under-		
	z	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP
	ATIC	T. 30 M. T. S. M. S.		PERFORMED? YES NO
).	늴	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCR	IBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Port I or Port II of item 1B.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH UNITED HETHER, NOTIFY MEDICAL EXAMINER]				
	K	20c. TIME OF INJURY Month, Day, Year 20d. INJ	URY OCCURRED 20e. PL	LACE OF INJURY (Hame, form, 20f. (City or town) (County) (Ste
	WEDICAL	Hour a.m. 10 While	Not while fa	actory, street, office bldg., etc.)
	Σ	p. m.		1. XEL 1 0 0 10.
		21. I certify that (I) (this haspital) oftender		115
,		saw the deceased alive on	1964 , and that c	death occurred of I.L.M., from the couses and on the dote stated obov
		22a. SIGNATURE	1/100	ATTENDING MED. STAFF
		22c. PHYSICIAN'S	wit	M.D. PHYS. DIRECTOR PHYS. 1
		NAME (Type)	Max.	22d. ADDRESS PORT A COMMENT OF THE PROPERTY OF
		D. W. K-4	VEIN	y so o vigore to Truly
	230.	DEMOVAL (Specify)	23c, NAME OF CEMETERY C	OR CREMATORY 23d, LOCATION (City, town, or county) (State)
	1	BURIAL SEPT. 11. 1460	DOONSBORE (CEMETERY DOONSBORD WASH, CO.MD.
	24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	MD, SEP 1 4 '60 Chilm S. Kuns
	1	THERE I WINTED	ONSBORD /	MD, SEP 14'60 Oribury S. Kinus

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